312078
I Poge 4 may be 4 may be 3 lidector, page 3 phours office death d

completely filled in by the funeral director I and 2 should be filed within 72 haurs of 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REG. | NO |
|------|----|

| - 1 | | | | | | REG. NO. | | | | |
|-----|---------------|--|--|--|-------------------------------------|--|---|-------------------------------------|--|--|
| | | CEASED NAME FIRST | MIDDLE | Ĺ | AST | 20. DATE OF DEATH MONT | TH DAY YEAR | 2b HOUR | | |
| 4 | (TYPE | Robert | Abnev | Ab | rams, Jr. | November : | 2, 1985 | 5:40A.M | | |
| | 3. SEX | | 4. RACE | 5. DATE O | F BIRTH | AGE (IN YEARS LAST BIRTHDAY | | IF UNDER 24 HRS | | |
| | | Male | White | | . 4, DAY 1910 EAR | | YRS. MONTHS DAYS" | HOURS MIN. | | |
| 1 | 7a. BIF | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | NTRY? 8 | NEVER MARRIED | BALTIMORE CITY OR CO | UNTY OF DEATH | | | |
| 4 | _ | South Carolina | U.S.A. | WIDOWE | D DIVORCED | Prince Geor | | MID. | | |
| 2 | I | TY OR TOWN OF DEATH Riverdale | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Leland Memor | ial Hosp | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Self Employe | RKING LIFE) 126 KIND C INDUSTRY Motel | Owner Owner | | |
| 9 | 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY P.G. | OTHER INSTITUTION, GIVE RESIDENCY 131 CITY O Colle | R TOWN Park | 13d. INSIDE CITY LIMITS? | 6200 Westche | ster Pike | Dr. #412 | | |
| 1 | 14_FA | HER'S NAME Robert A | bney Ab | orams, Sr | 15. MOTHER'S MAIDEN NAM Mary | E MIDDLE | Clink | scales | | |
| | 16a W | VAS DECEASED EVER IN U.S. AR | | L SECURITY NO. | 17. INFORMANT | ADDRESS | W- 3-1- | | | |
| | (* | Yes NO OR UNKNOWN) W.W. | II 250-5 | 0-4427A | e as 13e | IMATÉ INTERVAL ONSET AND DEATH | | | | |
| | | disease | 0 | | | | | | | |
| | NO | Coronary on | tery diage | une | congestive | e heart failure | | | | |
| - | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR V | WHICH OPERATION | N WAS PERFORMED | YES NO TE | TF YES, WERE FIND II CERTIFYING CAUSES YES | NGS USED OF DEATH? | | |
| 7 | | 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | HOUR A.M. MONT | | 21c. HOW INJURY OCCURRE | D (ENTER NATURE OF INJURY IN T | TEM 18 PART I OR PART 2) | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY (| 0FFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | |
| | | sow the deceosed olive on obove, (1) (4) (did no | in/A: | 19 85 on | 10[31 , 19 3 5 opinion de | eath occurred on the date of | nd hour and from the | that (1) (we) last couses stated | | |
| | | 22b. SIGNATURE WILLS | n | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | |
| 1 | | | SOM | | 6525 Beleve | it Re Hyels | ville 2078 | 2 | | |
| | | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 11/05/85 | | emetery or crematory ncoln Cemetery | | | Maryland | | |
| | | Francis Gasch's | | | • 21. | REC'D. BY REGISTRAR 25b. F | REGISTRAR'S SIGNAT | URE | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

BP.

should be detached for use as the burial-transit permit. Then please remover the State Dept. of Health and Mental Hygiene prior to burial, cremai IMPORTANT: If them 21 is marked or Item 18 shaws any injury, ar other tra

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

| 200 | | | |
|-----|--|--|--|
| | | | |
| | | | |

. 10F.E

Charles A Transfer

200

Company of the company

| | 1 | Item 18c 1 | 2-6-85 | 5 en | STAT | E OF MARYLAND | 8 5 | 3 2 | 9 | 7 0 |
|--|---------------|--|-----------------|----------------------|-------------------------------|--|----------------------------|--------------------------------|--------------------|----------------------------------|
| 316037 | 1. | FOR STATE | | DEP | | HEALTH AND MENTAL HYC FICATE OF DEATH | GIENE | A CHA | 6.34 | |
| | 1 00 | REGISTRAR | | | | | REG. N | | | |
| n m.s | | CEASED NAME FIRST | | WIDDLE | | TAST | 2a. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| moy be poge 3 er death | | LILLIE | | М. | ALEX | ANDER | November 3 | | | 9:24AMM |
| Fer p | 3 SE | X | 4 RACE | | 5. DATE | | 6. AGE (IN YEARS LAST BIR | | UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| - 5 950/ | | F | Bla | ck | | 2/09 | 76 | YRS. | DATS | HOURS MIN. |
| | | RTHPLACE (STATE OF FOREIGN | 76. CITIZEN | OF WHAT COUN | IRY? 8 | D NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY O | FDEATH | |
| 1 11/2/ | | S.C. | U. | S.A. | WIDOW | | Prince G | eorges | County | Z MD |
| 11/1/ | 10. C | ITY OR TOWN OF DEATH | 11. NAME C | OF HOSPITAL, NU | JRSING HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | ON | 12b. KIND C | F BUSINESS OR |
| 1 13 / (4 | market . | Clinton | Southe | rn Maryl | and Hos | pital Center | Homemake: | C WORKING LIFE) | Qwn] | Home |
| | USU 13a. | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN | VTY | 13c. CITY OR | BEFORE ADMISSION) TOWN Spring | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS | ZIP CODE | 20 | 031 |
| 4/45/20 | 14. F/ | THER'S NAME | | | | 15. MOTHER'S MAIDEN NA | MÉ | | | |
| 12/11/00U | | Sam | WIDDLE | Alexa | nder | MelI | WIDDLE | | Smith | h |
| W % 17 | | VAS DECEASED EVER IN U.S. AR | MED FORCES | | SECURITY NO. | 17. INFORMANT | ADDRE | | | AL STRA |
| NA I | | Vo | TO WAR ON DATES | 578446 | 568 | Willie J. | Alexander | -Same | as # | 13 abov |
| 1 1 1 | | 18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE | ly one cause | | | 1 | - 1 - | 7 | APPROXI BETWEEN | MATE INTERVAL DISET AND DEATH |
| . 4 | | X X X IMMEDIA | TE CAUSE (o), | HUP | your | - , bande | e Hhis | | | |
| th co | | | DUE TO | OR AS A CONS | EQUENCE OF | 10 | 1 | 11 | 7 | |
| dec dec | | Conditions, if ony, which | ((b) | (2 | agule | may H | 1 poodenic | - Zhuel | _ | |
| 1 4111 | | gove rise to immediate couse (a), stating the | DUE TO | OR AS A CONS | DUENCE OF | CY | 00.1 | 20 | 1 | |
| d by by bo | | underlying cause lost. | (c) | 1 | ssell | e syrue | stock-an | gur. | Le | |
| organ organ | z | PART 2 OTHER SIGNIFICANT O | CONDITIONS | CONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN | IN PART 110 | |
| 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | CERTIFICATION | 19a, DATE OF OPERATION | 19h CON | NIDITION FOR WI | LICH OBERATIO | N WAS PERFORMED | 20g AUTOPSY? 20b. IF YES | | /FDF FINIDIN | 100.000 |
| The state of the s | FIG | IN. DATE OF OPERATION | 170. COI | ADITION FOR WE | TICH OPERATIO | IN WAS PERFORMED | 0 -1 | 20b. IF YES, V IN CERTIFYIN | G CAUSES | OF DEATH? |
| 40 41 60 | ERT | 210. ACCIDENT WAS UNDERLYING | 7 216 TIAAI | E OF INJURY | | 1214 HOW IN HURY OCCUP | YES NOW | YES [| | NO 🗌 |
| A to the state of the | 1000 | OR CONTRIBUTING CAUSE OF DEA | TH HOUR | A.M. MONTH | DAY YEAR | 21c HOW INJURY OCCUR | KED (ENTER NATURE OF INJUI | Y IN ITEM 18 PART | TORPART 2) | |
| X P 1 S 1 | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | | P.M. CE OF INJURY | 19 | 211 LOCATION | | | | |
| # # # # p p | ME | while at work | (AT HOME | STREET FACTORY, OF | FICE FARM, ETC) | STREET | CITY OR TO | WN | COUNTY | STATE |
| OBIG PRYSICIAN. The low requires the confined physician. After this certificate has been signed a confine trained trained permit. Then plong of the trained trained permit. Then plong of the trained | | | 1 | | -0 | 23 10 85 | 1/ | 3 10 | 85 | |
| THE STATE | | 220. I certify that (I) (this haspi | 111 | - B | - Labore | nd that in (my) (our) opinion | , 10 | , 19. | | that (I) (we) lost |
| T G E E | | above, (I) (we) (did) (did no 27b SIGNATURE | the bo | dy ofter death. | | DEGREE | debin occorred on the do | ne ond noor ar | | |
| 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | - | 17/11/11 | 1 | | ATTENDING | MEDICAL STAF | F | 22c. DATE | SIGNED |
| N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 224 PHYSICIAN & NAM THE | de. | | | PHYSICIAN [| DIRECTOR PHYSIC | IANK | JN | DVOJ |
| D HOS Sound b | | house | and to | We HI | Amiltan | Souther | Mayle | of No. | pt | (Cety |
| 21 25131 | 16 | URIAL CREMATION, REMOVAL | 23b. DAJE | 1 | | EMETERY OR CREMATORY | 23d. LOCATION | | | , |
| BP 373 | 1 | etter (I | 11/9 | 185 | MD. NA | TC. MEH. PARK | BELTSUIC | ce P | G. N | D. STATE |
| DHMH - 16 60M 7/84 | | INERAL DIRECTOR | | | | 25a. DAT | E REC'D. BY REGISTRAR | | S SIGNATI | JRE |
| (VRA 15, 4) | H | S. WASHINGTON | 12500 | VS 4925 | BURROS | IGNS ALLEASE NU | V 7 1985 | 1 mark | huldon | Aboptette |

VEORES 11/12/19 - No sin in the source - 12 2 als Market and the second of the second s

ATTENDED AND DESTRUCTION OF THE Transport of the same of the s תסענויוג דויירדיינ ויסיוב, ויוכ. Mary of the house of the house

- STATE REGISTRAR

TYPE OR PRINT

MALE

3 SEX

DECEASED NAME

Virginia

Maryland

To BIRTHPLACE ISTATE OF FOREIGN

CHEVERLY

THOMAS

4 RACE

JSUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Prince Geo.

136 COUNTY

BLACK

7h CITIZEN OF WHAT COUNTRY?

Landover

United States

STATE OF MARYLAND

ALLEN

5. DATE OF BIRTH

MAY

WIDOWED

| DEPARTMENT | OF I | HEALTH | AND | MENTAL | HYGIENE |
|------------|------|--------|-----|--------|---------|
| CE | RTI | FICATE | OF | DEATH | |

16.

REG. NO 2g DATE OF DEATH YEAR 2b HOUR 12 85 30P 2 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDED I VEAD IE LINDER 2 LHP 1942 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEDE NEVER MARRIED PRINCE GEORGE'S COUNTY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12k KIND OF BUSINESS OR PGG HOSPITAL AND MEDICAL CENTER LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Laborer private 13e.STREET ADDRESS / ZIP CODE 7216 Landover Road #D NO [

4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GEORGE HENRY ALLEN Eva Sue Brown ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANTWIFE 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 233 68 4943 Lorraine Allen- 324-7th St SE#A Wash DC No 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIO PULMONARY ARREST DAVS IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF MASSIVE INTRACRANIAL BLEED Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF POSSIBLY SELONDRRY TO UNCONTROLLED HYPERTENSION underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

YESX

CERTIFICATION

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

NOT WHILE

190 DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY OFFICE, FARM ETC)

N-A

211. LOCATION

11-10-1085

N-A. N. A.

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

.19<mark>85 A.M</mark> and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated

NOX

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? MA

NO [

220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an 11 - 12 - abave, (I) (we) (did) (did not) view the body ofter death 226 SIGNATURE

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

DEGREE

M.D . ATTENDING

SENIOR RESIDENT MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 11-13-85

22d. PHYSICIAN'S NAME LTYPE OR PRINTS PRITAM

23a BURIAL, CREMATION, REMOVAL

S. SAINI

11/14/85

236 DATE

22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY

CHEVERLY MA PG.GH

Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

Should be detawith the State [

ALEXANDER S. POPE-2617 Pa Ave., S.E. Wash., D.C

23d LOCATION

PG Maryland

COUNTY STATE

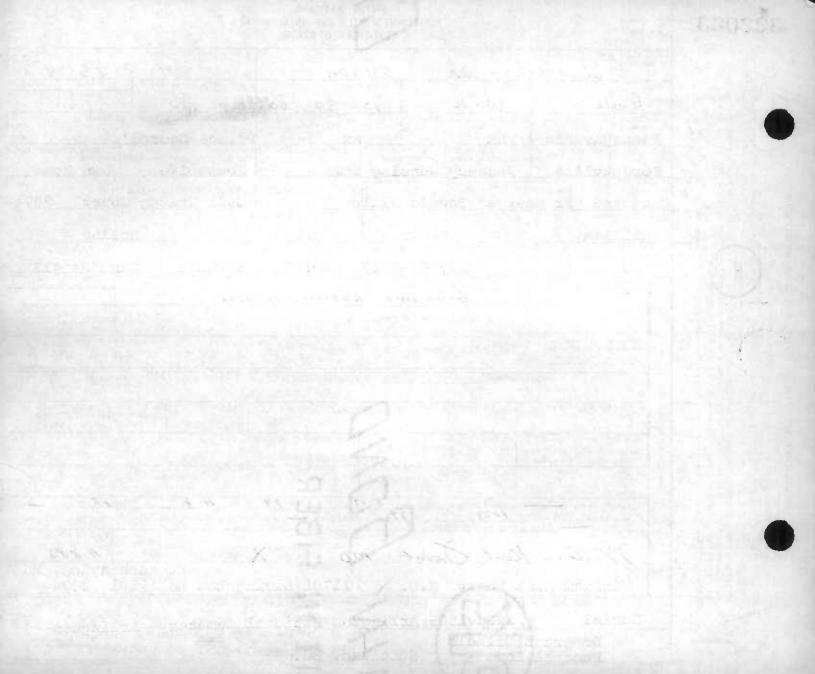
Harmony Memorial Park Landover 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND 322063 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20. DATE OF DEATH MONTH YEAR 2h HOUR 1 DECEASED NAME LIYPE OR PRINTS Elizabeth Allison Ada IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 00 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pennsylvania WIDOWEDTS DIVORCED | Prince George's 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Forestville Housewife Regency Nursing Home Own Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 130 STATE 13h COUNTY 13e STREET ADDRESS / ZIP CODE Temple Hills [3921 Triton Court Marvland Pr George 20748 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE EIRST William Hollev H Howard Mary ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) 577-62-1937 Lucille L Sprouse NO Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: GATELIOSC/CROSIS beach / 1201 IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTHY MEDICAL EXAMINERS 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from_ 10 85 sow the deceased alive on. , and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF Should be detor PHYSICIAN DIRECTOR PHYSICIAN MPORTANT Washington, Md 11701 Livingston Rd William Kent Furst #101 20744 M.D. 23g BURIAL CREMATION REMOVAL 230 NAME OF CEMETERY OR CREMATORY Burial COUNTY 12Nov1985 Arlington National ٧a Cemetery 24 FUNERAL DIRECTOR RObert E Wilhelm ADDRESS 250 DATE REC'D. BY REGISTRAR 256 REC DHMH - 16 50M 4/83 Audia Davidon von

Suitland,

(VRA 15, 4)

Funeral Home



| * | | | | STATE OF MARYL | AND | 8 5 | 5 2 2 | 1 41 |
|--|---------------|--|--|--|---------------------|------------------------------------|---------------------------|---|
| 343076 | 1 | FOR STATE | DEPART | MENT OF HEALTH AND | MENTAL HYGIEN | NE . | Cap find | * |
| 010010 | 1. | REGISTRAR | | CERTIFICATE OF I | DEATH | REG. NO. | | |
| | 1. DEC | EASED NAME FIRST . | WIDDLE | _ LASI | 20 | | ONTH DAY YEAR | 12b. HOUR |
| e ω € | | OR PRINT) | Vera Barrett | AMTH | MR | 11/30/85 | | 12.50 A |
| 5 000 I | _ | Ver | | 71111 | | | | 7,20 AM |
| 1 1 | 3. SE) | Female | 4 RACE | 5. DATE OF BIRTH | YEAR. | AGE (IN YEARS LAST BIRTH | MONIHS DA | |
| H 00 /// | | F | Caucasian | 04-16 | - 35 | 50 | YRS. | is man |
| 2 49 6/6 | 7a BI | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | ? 8 | 9. | BALTIMORE CITY OR | | |
| 4 3g ¥ | | Jest Virginia | LICA | MARRIED NEVER | | Daine | 2015-01 (| . 4.1 |
| 9 51 52 | | TY OR TOWN OF DEATH | USA 11. NAME OF HOSPITAL, NURS | | NORCED | USUAL OCCUPATIO | eorges (c | OF BUSINESS OR |
| 1 21 6/1/ | 10 01 | OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STREET | | | TYPE OF WORK FOR MOST OF V | | |
| TO AU | C | Inton | Southern Mar | Yland Hospi | tal cente | ev Homemak | er Home | |
| P. 13 20/ | USUA | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION GIVE RESIDENCE BEFORM 13c. CITY OR TO | READMISSION) WN 1134 INSIDE C | CITY LIMITED IN | e.STREET ADDRESS / : | 710 0000 | |
| MARIE ZIO | | | George's Brandy | | | 8509 Bound | | 206121 |
| 100 | | THER'S NAME | | | 'S MAIDEN NAME | OJOJ DOUIG | ary name (| 200131 |
| 1 394/4/ | 2 | FIRST | MIDDLE LAST | | FIRST | MIDDLE | | LAST |
| 10/10 | | verett_Hancock | | | | Lockhart | | |
| dico B d | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SEC | AND ADDRESS OF THE PARTY OF THE | | ADDRES | In No. 10 and a | |
| 000 | | No N/Z | | -3298 Georg | ge Amthor | - Same As | #13 A-E | |
| 35.4 | | | nly ane cause per line far (a), (b), a | | | | APPE | ROXIMATE INTERVAL EN ONSET AND DEATH |
| physic npap maval vent, t | | PART I. DEATH WAS CAUSE | D BY: | Chechalule | Inb | Wance Pero | rates mo | EN ONSET AND DEATH |
| Pon Pert | | IMMED1A | TE CAUSE (a) | Grec heald be | | a latter had | THE PART WAS | |
| attendii bve carl tion, or oumatii | | | DUE TO, OR AS A CONSEQU | JENCE OF | CV. | 1 | A COLUMN | |
| atter atten atten | | Conditions, if any, which | (b) Acute | SIADH | 2/4 | MINE | | |
| | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQU | JENCE OF | 111 | ~1 | | |
| × = 5 = | | underlying cause last. | EXACO | ERBATION | Mortion | e Scheros | 11 | |
| 5 0 2 | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | | D TO THE TERMIN | AL DISEASE OR CONDI | TION GIVEN IN PART | lia |
| sign hen ta bi | N | | | | | | | |
| prior prior | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFO | ORMED | 20a AUTOPSY? | 20b. IF YES, WERE FIN | DINGS USED |
| hos berming aws on | FIC | | | | | | IN CERTIFYING CAUS | SES OF DEATH? |
| show show | 2 | at accompany was involved a | The Thirt of Hilling | 21- 14034/15 | HILIDY OCCUPATE | YES NO | YES [| № □ |
| Sofo | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | THE PROPERTY OF | DAY YEAR | NJURY OCCURRED | ENTER NATURE OF INJURY | IN ITEM IB PART I OR PART | 2) |
| S certifica burial-trai Mental Hy ar Item 18 | CAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | 19 | | | | |
| ar H | MEDICAL | 214 INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATIO | | CITY OR LOW! | N COUNTY | STATE |
| the the | Z | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE | , FARM, ETC) STREE | | CITORIOW | COUNTY | SIMIC |
| use as the ealth and s marked | | | tal) attended the deceared from | 11119 | _ 19. 85 | 11 124 | 1082 | about the first to |
| DR: Hec | | saw the deceased alive on | ital) attended the deceased fram | 85 and that in (my) | | oth occurred on the date | | _, that (I) (we) last |
| d to | | abave (1) (we) (did) (did no | at) view the bady after death. | , and mar in (my) | , (301) opinion dec | an occurred on the date | | |
| DIRECTOR DIRECTOR DEPT. | | 22b. SIGNATURE | X | DEGREE | | | A . 1 | TE SIGNED |
| AL DAL DI DE LE DE | | - timb | - sylma | MD | PHYSICIAN TH | MEDICAL STAFF DIRECTOR PHYSICIA | MI /// | 130 35 |
| FUNERAL Jid be det of the State | 1 | 224. PHYSICIAN'S NAME THE | 0.15 | 220 ADDRES | | | | 1-1-0 |
| TO FUNERAL should be der with the State | | Stuart T Co | odman M D | 7503 0 | | D1 01' | | |
| Should be deto with the State IMPORTANT: If | | Stuart J. Goo | | | | Road, Clint | on, Maryl: | and |
| | | URIAL, CREMATION, REMOVAL SPECIFY) | | NAME OF CEMETERY OR | | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| 1 | | Burial | December 3, 198 | 5 Resurrecti | on Cemet | ery Clinto | on, Maryla | nd |
| 16 50M 4/83 | 24 FU | INERAL DIRECTOR Lee | Funeral Home, I | nc. | 25a. DATE R | EC'D. BY REGISTRAR | L REGISTRANS SIGN | BHS & 22 |
| VRA 15, 4) 6633 | 01 | d Alexander Fer | ry Road, Clinto | n, Maryland | BEC | 5 1985 | DESTRUCTIONS | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

tid it is all amount of the state of the 11 15 15 15 17 27 15 17 27 15 17 15 17 15 17 15 17 15 17 15 17 15 17 15 17 15 17 15 17 15 17 15 17 15 17 15 17

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2a DATE OF DEATH 26 HOUR IF UNDER 1 YEAR IF UNDER 24 HRS

> BALTIMORE CITY OR COUNTY OF DEATH Prince George's

> > 126 KIND OF BUSINESS OR INDUSTRY Private

13e STREET ADDRESS / ZIP CODE 10400 Claggett Landing Road

Chapman 8601 Temple Hill Rd.

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

22c. DATE SIGNED 11-24-85

> Seven Fountains 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 6613 Old Alexander Ferry Rd. Clinton, Md. 20735

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

REGISTRAR

1. DECEASED NAME

- STATE

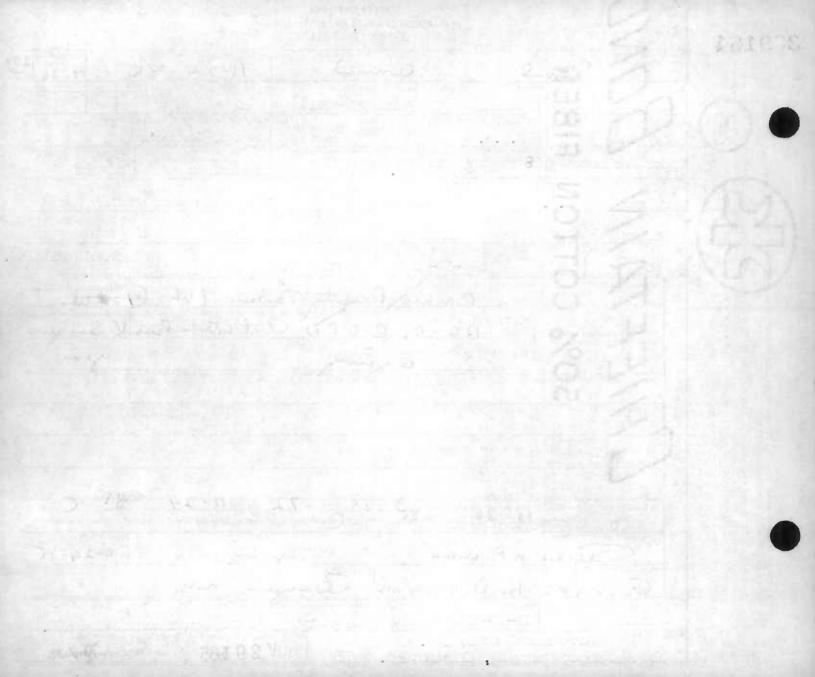
3.79164

STATE OF MARYLAND

CERTIFICATE OF DEATH

COUNTY

STATE



| | | 1 | | | | | | | ARYLAN | | Q in | | 3 2 |) 2 | 1 | 0 | |
|--------|---|---------------|-------------------------------|-----------------|----------------------|------------------|-----------------|---------------|----------------|--------------|---------------|-----------------|--------------|-------------|--------|------------------|-----------|
| | | FOR STATE | | | | | MENT OF | | | | YGIENE | | | | | | |
| 220 | 011 | REGIS | | | ME | DICALI | EXAMIN | IER'S C | ERTIFIC | CATEO | FDEATH | 1 , | REG. NO | | | | |
| 300 | 6014 | DECEASE | | FIRST | | WIDDIE | | | LAST | MIN I | 20 | DATE KNO | WN X | MONTH | DAY | YE AR | 7b. HOUR |
| | Market de | THE OR PRI | NI) | DAVID | F | hilli | g | ATA | RAS | | 0 | OF ES | TED | 11 | 24 | 9 85 | |
| | HEAS HURS HOURE STREET | 3. SEX | 4 RAC | | 5. DATE OF BIRTH | | 6. AGE (IN YE | ARS IF UN | | IF UNDER | 24 HRS. 2c | DATE | | MONTH | DAY | YEAR | 2d HOUR |
| | C 18 15 16 16 1 | Male | Whi | te | March 22 | 105h | 31 Y | | S DAYS | HOURS | MIN PRO | NOUNCED |) | 11 | 24 | 19 85 | 11:29 |
| | 22000 | | ACE (STATE OR | . 00 | 7h CITIZEN OF W | | | RS. | | | _ 9 B | ALTIMORE | CITYO | | | | - AM |
| | SE SE | FOREIGN C | OUNTRY) | 7 | | | TICL: | | ED X NEV | | ED 🔲 | | _ | - | | | |
| • | 2500 | Illin | TOWN OF DE | ATU | USA 11 NAME OF HO | CDITAL NUM | SING HOL | WIDOW | | DIVORCE | | rince | | | | unty D OF BUS | MD. |
| | 5. 末発量を | III. CHI Y OR | TOWN OF DE | AIH | (IF NOT IN SUCH F | ACILITY, GIVE ST | REET ADDRESS) | | | | | OF WORKING | | OF WORK | | theed | |
| | Bog Hay I | Cheve | | 3.1 | Prince (| George | 's Ger | neral | Hospi | ital | Exped | liter | | | T.V | 3CO | 1 |
| 5 | Coesas I | USUAL RESI | DENCE (IF IN NL | IRSING HOME OF | OTHER INSTITUTION, C | | OR TOWN | ION) | 13d. INSIDE CI | CZTIMITY | 13e STREET | ADDRESS | | W | | - 33 | |
| 22 | 충돌환호증 | Maryl | and | | George | | Bowie | | YESXX | | 12102 | | tree | Lar | ie f | 20715 | 5 |
| -9 | "NONS | 14. FATHER | SNAME | | | | | | 15. MOTHE | | | | - 02 0 0 | 23002 | | | |
| E. | 世界を見る | 7.7.4 | lliam | | MIDDLE | | LAST | Cm | Do | RST | | MIDDLE | | | | AST | |
| 0 | 40 5 70 + | | ECEASED EVER | IN U.S. ARM | S. ED FORCES? | | aras, | | 17. INFORM | lores | - | P. | DDRESS | 1 | Raje | Lyk | |
| - Land | E-200 | (YES, NO. | DR UNKNOWN) | (IF YES, GIVE W | | | | | | | | 12 | 2102 | Rour | dtre | ee La | ine |
| - 5 | MIN-B MIN-B MIN-B PAGE DIVISIO | NO | | | | | -72-11 | .99 | There | sa L. | Atara | s Bo | wie, | MD | 20 | 715 | |
| - | NEW PO | 7 18 C | AUSE OF DEAT ART I DEATH W | TH (Enter only | one couse per lin | e for (o), (b) | , and (c).) | | | | | | | | BETW | PROXIMATE | AND DEATH |
| 2 | FERRET | 1 | TIA | | CAUSE (o) | Cranic | -cerel | oral | trauma | 3 | | | | | | | |
| STO | SEA PERSON | 1 | 3/21 | | DUE TO, OF | R AS A CON | SEQUENCE | OF | | | | | | | | | |
| 2 | 三世紀 373 | | onditions, if | | (6) | | | | | | | | | | | | |
| * | NAME AND | | ouse (a) stating | g the under- | DUE TO, OF | R AS A CON | SEQUENCE | OF | | | | | | | | | |
| 201 | NA PA | | ying couse last. | | (4) | | | | | | | | | | | | |
| 8 | BOARA | PART | OTHER SIGNIFICAN | IT CONDITIONS C | ONTRIBUTING TO DEATH | BUT NOT PELA | TED TO THE TERM | AINAL DICEASE | OR CONDITION | CIVEN IN SAS | N. 1 | | | | | | |
| ORG | BE EXECUTED IN WEDICAL E AS A BURLA ALTH AND CREMATIO | 1000 | | | OTTAIN TO SERVI | BOT NOT KEEK | TED TO THE TERM | HINKE OISENSE | OK CONDITION | OITEN IN TAK | 1 1 101. | | | | | | |
| 0 | See 30 | 19a. C | ATE OF OPER | ATION | Tink COND | TIONIFOR | WHICH OPER | DATIONING | AC DEDECOR | u.ED2 | | | | | | | |
| 7 | HEF / | 2 | AIL OF OPER | ATION | 198 COND | IIION FOR | WHICH OPE | KATION W | AS PERFORM | MED? | | | | | | JTOPSY? | |
| 5 | 282557 | £ | | | | | | | | | | | | | | ES 🔀 | NO 🗌 |
| ö | CERTHCATE SHOUL TING THE WORD "F ED TO THE CHEF 3 SHOULD BE USED DEPARTMENT OF H 1 OPTIOR TO BURRAL | | ERLYING | | 21b. TIME O | | DAY YEA | R 21c. HC | YAULNI WC | OCCURRED |) (ENTER NATU | RE OF INJURY IN | N ITEM 18 PA | ART I OR PA | RT 2) | | |
| N N | HCATE THE V TOULD OR TO OR TO | CON 21d. II | TRIBUTING | CAUSE OF D | | | 2479 | | iver o | of aut | to/tru | ck co | llis | ion. | | | |
| 35 | S S S S S S S S S S S S S S S S S S S | 21d. II | NJURY OCCUR | | 21e PLACE | OF INJURY | (AT HOME, | 21f LO | CATION | | | | | | | | |
| ā | 2 2 2 2 2 E E | AT W | ORK AT W | WHILE X | | road | C.) | | nn Dal | 10 5 | | lenn I | 2210 | | UNTY | Coor | STATE |
| | F. 348 80 | | | | | | | | spect | | Rds. | Term 1 | Date | LTTI | ice . | GEOT | |
| | A A B B A B | 27 | la I certify that | I took charge | of the remoins de | | | Autop | PLX | Inspection | | nquiry 🔲 | , ond | in my op | noinic | | MD |
| - | MERSES IN | deo | th resulted fron | n: Noture | l couses, | Accident | XI, Su | vicide | , Homici | ide . | Undetermi | ned manner | <u></u> Ц, | | | | |
| | AN VERNINGER | ACT | | MA | 0 | 1 | | | TITLE (SF | PECIFY) | | | | | | | |
| • | ¥#9¥5#- | | ATURE | AVV | S | 0 | _ | M | D. ASS | istant | MEDICAL | EXAMINER | 2 | DATE | D 11 | -25- | 85 |
| | MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH TIMORE, | Acres 1 | NINER'S NAME | V | M Did | 14 5 | | | | 111 7 | | | . 7 | 3.41 | D 0 | 1 201 | |
| | | (TYPE | OR PRINT) | Ann | M. Dixo | n, M.L |), | | ADDRESS_ | TTT 1 | Penn S | t., Ba | arto | ., [1] | D Z | 1201 | |
| | 524544 | 230.BURIAL, | CREMATION, F | REMOVAL 23 | b. DATE | 23c. N | IAME OF CE | METERY O | RCREMATO | RY | 23d. LOCAT | ION | | | NAN | | ., |
| 07/84 | BP | Crem | ation | N | IOV 27,19 | 85 Me | tropol | itan | Crema | torv | Alexa | ndria | . Fa | irfa | IX. I | Jirat | nie |
| 25M | | | L DIRECTOR | 4 7 | 6000 | | _ | | 12 | | EC'D. BY REC | SISTRAR 25 | h REGIS | FRAR'S S | GNATU | IRE_ | |
| | DHMH - 17 (VR A15 ME (5)) | Ban 1 1 | Funera | | Port | BIIIIA | 20715 | 1.0ag | , | TO V | 2719 | 85 | 200 | EVI III a | 1-16 | pell | |
| | 1 | TheaTT | I. MICT. 9 | T HOUSE | DOWLE | · L'LL | CO (T) | -JU4" |) | | | | | | - | | |

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Mark Tolk March 12,1954 32

Haryland Correct Boyle AX 18102 Boundary Carl 78775

d. Ateres, Sr. Polores J. Saletyk

12102 Tourses L. Aures 12102 Toutires Ten.

Tremation EOV 27,1935 Notropolites cromstony Alexandria, Pairtax, Virginia

As a second control of the control o





| 209121 | 1. | FOR STATE REGISTRAR | DEP | ARTMENT OF H | | IENE REG. NO. | 2m 2m 1 1 |
|--|--|--|--|----------------------------|-------------------------|--|---------------------------------|
| : 11 6 | TYPE | CEASED NAME FIRST | RUSSI | | BAKER | 20 DATE OF DEATH MONTH | 30 85 12.20am |
| You all | 140 | The same of the sa | 4 RACE | | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| 6 101 | | MILE CONTRACTOR OF THE PROPERTY OF THE PROPERT | Caucasian | Nov. | | | RS. |
| deoth. Po | 1 | llinois | U.S.A. | WIDOWE | D DIVORCED | PRINCE GEORGE | ES COUNTY |
| DEPARTMENT OF HEAD CERTIFIC. DECEMBER CERTIFI | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Beautician - 1 | ing life) 12b. KIND OF BUSINESS OR INDUSTRY Self Employed | | | | |
| TEMENT OF A THE POST OF THE PO | UNITY 136. CITY OR | TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP (| Dr. 20744 | | |
| mphilip and 2-sh | 14. F. | FIRST | MIDDLE Brow | wn | 15. MOTHER'S MAIDEN NAM | MIDDLE C. | Calverd |
| be execut | 16a \ | WAS DECEASED EVER IN U.S., YES NO OR UNKNOWN) (IF YES, | CAVE WAR OR DATES | | H. Russell B | | shington, Md. |
| TO HOSPITAL OR ATTENDING PHYSiCIAN: The low requires that the scatt cent and the spatial or ottending physicion. TO HOSPITAL OR ATTENDING PHYSiCIAN: The low requires that the scatt cent and the spatial or ottending physicion. TO FUNERAL DIRECTOR, After this centrificate has been signed by the long permit. Then all and requires provided by the long permit. Then all and requires provided by the long permit. Then all and requires provided by the long permit. Then all and requires provided by the long permit. Then all and requires provided by the long permit. Then all and requires provided by the long permit. Then all and requires provided by the long permit. Then all and requires permit the state Dept. of Health and Member 1 is morked or them 18 shows only injury, or other troumptic event the major of the long permit th | Canditians, if any, which gave rise to immediate couse (a), stating the | DUE TO, OR AS A CONS | EQUENCE OF | PELVISCA | RUNUMA | 8W125.7 | |
| on. on. | DEPARTMENT OF HAITM AND MARTAL HYGIENE CERTIFICATE OF DEATH REO NO CUSSIONA B. BRIFFRACE (INACOPORTION PROPERTY OF THE PROP | N GIVEN IN PART TO TUP TYPES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES P NO | | | | | |
| Z S S O T O | | OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M. MONTH | VEAR 19 | HOW UN OCCURR | ED (ENTER NATURE OF INJURY IN ITER | u 18. PART I OR PART 2) |
| offendir free this to the bu h and M | MEDI | | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OF | FICE FARM STOT | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDITION OF TECTOR: Alection of Health | | saw the deceased alive above, (1) (and) (did) (did) | an |)9, an | | . to FUU death accurred an the date and | |
| by the h by the h IERAL DIR State Der | | art | tuy fly | duny | MY ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | / |
| TO HOS retoined TO FUN should It with the IMPORT | 23- 1 | ARTHUR S | SHAVER TI | | 9131 PISC | ATAWAYRD | Childron, OID |
| BP | | Burial | 12/5/85 | Brighton | Cemetery | Brighton M | Macoupin Illinois |
| | | 24446 | Funeral Home (| xon Hil | Hill Rd. 250. DATE | REC'D. BY REGISTRAR 256. RE | GISTRAR'S SIGNATURE |

· of respect that a 7 alerissI Sention - Bet. Self Enloyed a moralimos. F. negroed ectivit - bomilare . The property of the Brown (ilse C. . all branch If B 180-2 -17 7 F. Hurnell Lier If. Sashington, W. 맞아 뭐 뭐라요? 가느니 않는 돈 얼마 없는 그는 그는 나는 사람이 없다. We do not not be in the fact of the fact o nimits dimension not a .bn file nox 1 13 id. Medica . Lains Thrend Rose Coom 1911. Ma.

STATE OF MARTLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| Fen 70. Birti Was 10 City Ch USUAL LIB STA | REGISTRAK | | Caltern | TEATE OF BEATTI | REG. NO. | | | | | | |
|--|--|--|----------------|---|--|---|----------------------------|--|--|--|--|
| | 1. DECEASED NAME FIRST | CE Burke | | ALDWIN | 20. DATE OF DEATH | 11-09-85 | 3:00AM | | | | |
| | 1. SEX | 4. RACE | 5 DATE C | | 6. AGE (IN YEARS LAST BIRTHD | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN, | | | | |
| 1 | Female | Caucasian | Dec. | 31, DAY 1897 YEAR | 87 | YRS | MIN. | | | | |
| 1 | TO BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNT | TRY? 8. | D NEVER MARRIED | 9. BALTIMORE CITY OR | | | | | | |
| 1 | Washington D.C. | U.S.A. | WIDOWE | | PRINCE GEOR | GE'S COUNTY | MD. | | | | |
| 4 | 10 CITY OR TOWN OF DEATH CHEVERLY | PRINCE GEORGE | | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Clerk | ORKING LIFE) INDUSTRY | Gov't. | | | | |
| 4 | The state of the s | | TOWN | 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP COI 6010 Forest Ros | | | 35 | | | | |
| 1 | Patrick A | MIDDLE LAST Burke | | 15. MOTHER'S MAIDEN NA | ME J. | Ilnava | ilable | | | | |
| - | | MED FORCES? 166 SOCIALS | | 17 INFORMANT | | Hyattsvill | | | | | |
| f. | (yes, no or unknown) (if yes, given No | 217-42 | 2-3204 | Rita Burke, | 1352 Langly | | , 1141 | | | | |
| TOTAL STREET | PART I. DEATH WAS CAUSE | gave rise to immediate could be stating the DUETO OR AS A CONSEQUENCE OF L | | | | | | | | | |
| 2 09 | 190 DATE OF OPERATION 10 -28 - 85 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP (IF ETHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED | | DAY YEAR | | YES NO NO | OB. IF YES, WERE FINDIN N CERTIFYING CAUSES YES N ITEM IB PART I ORPART 2) | NGS USED | | | | |
| | 220 I certify that (I) (this hasping above 1) 221 PHYSICIAN'S NAME (TYPE C | being min | 19 85 , ar | DEGREE ATTENDING PHYSICIAN D 220 ADDRESS 4700 R0 AMAY | MEDICAL _ STAFF | and haur and fram the | | | | | |
| | 230. BURIAL, CREMATION, REMOVAL | | 23c. NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | Jake Jerje | 119 20/9 | | | | |
| | (SPECIFY) Burial | | | livet Cemeter | CITY OR TOWN | D C | STATE | | | | |
| | 24 FUNERAL DIRECTOR | | | | E REC'D. BY REGISTRAR 256 | | TURE | | | | |
| | Francis Gasch, Sc | ons Funeral Hom | ne, Hyat | tsville, Md? | V 1 4 1985 | FE TOWN ASSESSED | soft . | | | | |
| الروعم | | | | | | | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| | REGISTRAR | | | | REG. NO. | | | | |
|--|--------------------------|-------------------------------------|---------------------------------|----------------------------|--|---|--|--|--|
| 1. DECEASED NAME (1YPE OR PRINT) 3. SEX Semale 70. BIRTHPLACE (SI COUNTRY) Maryland 10 CITY OR TOWN OF Laurel USUAL RESIDENCE 130. STATE Maryland 14. FATHER'S NAME EMST Lee 160. WAS DECEASED (YES, NO OR UNKNO NO | | EIRST | MIDDLE | Rama a | 20. DATE OF DEATH MONTH | er 17,1985 8:501 | | | |
| | | Mary Ha | zel | Barnes | | 741 | | | |
| | 3. SEX | 4. RACE | | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER 24 HRS | | | |
| 1 | female | white | Se | pt 20,1926 YEAR | 59 YRS. | | | | |
| L | To. BIRTHPLACE (STATE OF | FOREIGN 76 CITIZEN OF | WHAT COUNTRY? | RIED NEVER MARRIED | 9. BALTIMORE CITY OR COUN | TY OF DEATH | | | |
| 4 | Maryland | USA | WIDO | | Prince Georges | County MD. | | | |
| H. | 10 CITY OR TOWN OF DE | | HOSPITAL, NURSING HOM | OR OTHER INSTITUTION | 12a. USUAL OCCUPATION | 126 KIND OF BUSINESS OR | | | |
| 1 | Laurel | Greater | Laurel Belts | sville Hospital | 1 Accountant | Advertising of | | | |
| 1 | | ISING HOME OR OTHER INSTITUTION | I 3c. CITY OR TOWN | 1 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO | DE | | | |
| m | Maryland | PG | LAurel | YES NO | 13e.STREET ADDRESS / ZIP COI 8501 Spruce Hill | 2 Dr 20707 | | | |
| 7 | | | | 15. MOTHER'S MAIDEN NA | ME | | | | |
| 1 | | Dorse | Miller | Jessie | Laverne | Landon | | | |
| Ÿ | | R IN U.S. ARMED FORCES? | 166 SOCIAL SECURITY NO | . 17. INFORMANT | ADDRESS | | | | |
| I | (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) | 212-24-4489 | John Barne | s same as al | oove | | | |
| - | 18 CAUSE OF DEA | TH (Enter only one couse pe | er line for (a), (b), and (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| | PART I. DEATH | WAS CAUSED BY: IMMEDIATE CAUSE (0) | CNS WY | ension of tumo | W . | m | | | |
| | | | | 0 | | | | | |

| | Lee Do | orse | Miller | Jessie | Laverne | Landon | | | |
|---------------|---|--|--|---------------------------|-------------------------|---|--|--|--|
| (| WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES O | . ARMED FORCES? s, GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO. 212-24-4489 | John Barnes | same as | | | | |
| | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI | | tine for (a), (b), and (c).) CNS WYEN | sion of temor | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, O | R AS A CONSEQUENCE OF | | /n. | | | | |
| NO | PART 2 OTHER SIGNIFICAN | | | NOT RELATED TO THE TERMIN | IAL DISEASE OR CONDITIO | N GIVEN IN PART 100 | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH OPERATION | N WAS PERFORMED | | IF YES, WERE FINDINGS USED SERTIFYING CAUSES OF DEATH? YES NO | | | |
| _ | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | F DEATH HOUR A | 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 | | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE (AT HOME, ST | OF INJURY REET, EACTORY, OFFICE FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | |

ATTENDING PHYSICIAN

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Ivy Hill Cemetery

COUNTY STATE

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

35

STATE

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

burial 24 FUNERAL DIRECTOR

(SPECIFY)

DHMH - 16 50M 4/83

the hospital or

BP.

TO PUNERAL DIRECTOR:

DonaldsonFuneral Home P.A. Laurel, MD

22a. I certify that (1) (this hospital) attende

sow the deceased olive on,

236 DATE

Laurel 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DIRECTOR PHYSICIAN

CITY OR TOWN

(VRA 15, 4)

Stewart

Funeral

Home-4001

Benning Road NE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

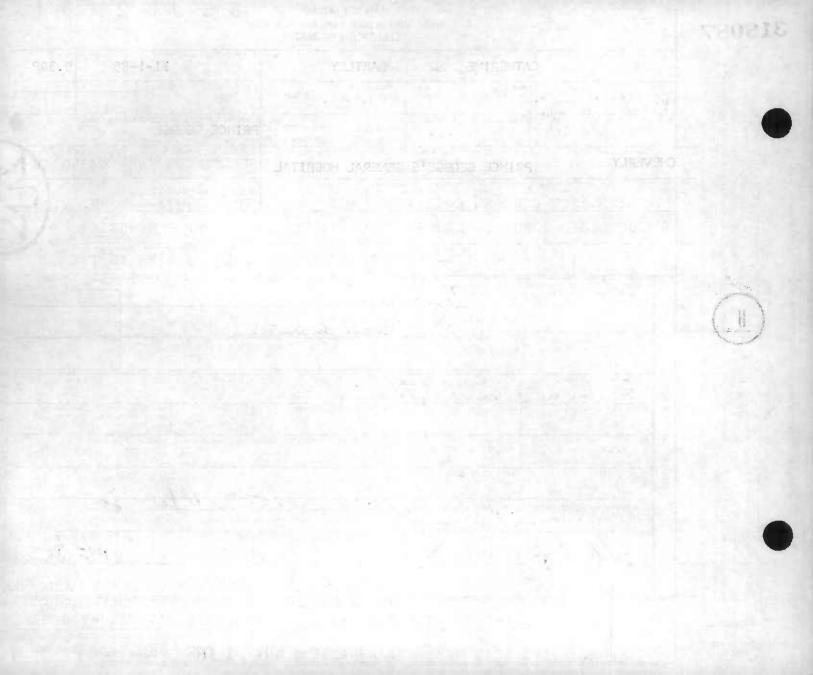
CREMATION

236 DATE

11-4-85

E. EVANS 1212 WEST ST. ANNAPOLI\$ ROBERT

METROPOLITAN



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | | | CERTIF | ICATE OF DEATH | RE | G. NO. | | | | |
|---|----------------------|---------------------------|--|------------------------|--|-------------------------|----------------------|-----------|--------------------|---------------------|----------------|
| DECEASED NAME | FRE | DERICK | M . | ι | BASSETT SR, | 20 DATE OF DEA | | 16 | YEAR 85 | 26 HOUR 2 1 | R LOAM |
| 3. SEX Male | | 4 RACE Cauca | asian | 5. DATE C | y 7°,1914° | 6 AGE (IN YEARS) | AST BIRTHDAY) | MONTHS | R I YEAR DAYS | IF UNDER 2 HOURS | 24 HRS MIN. |
| 70 BIRTHPLACE (STATE COUNTRY) Was! | n.,D.C | _ | WHAT COUNTRY? | 8 MARRIEI WIDOWE | DEVERMARRIED DIVORCED | 9 BALTIMORE C PRINCE | | | | | MD. |
| CHEVERL | | | | | L HOSPITAL | 120 USUAL OCCI | | | | F BUSINES | SS OR |
| JSUAL RESIDENCE (# 130, STATE Md. | 13b COUN | | GIVE RESIDENCE BEFORE 131. CITY OR TOWN Mt. Rain | V | 13d INSIDE CITY LIMITS? YES 🔀 NO 🗌 | 13. STREET ADDR | | | pel | 207 Rd. | 712 |
| | (nown) | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA/ Elsie | MID | DIE | (U | nkn | own) |) |
| (YES NO OR UNKNOWN | | MED FORCES? | 577-05- | | -A Phyllis | H.Bass | ett (| abov | e a | ddre | 388 |
| PART 2. OTHER | SIGNIFICANT | 1500 | 19. | | NOT RELATED TO THE TERM | INAL DISEASE OR | 20b. IF | YES, WERE | WERE FINDINGS USED | | |
| OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OC | CAUSE OF DE | HOUR A./ P./ 21e. PLACE (| M, MONTH DA M. OF INJURY | 19 | 21c. HOW INJURY OCCURE 211 LOCATION STREET | | OF INJURY IN ITEM | YES TOR | PART 2) | NO [| |
| 22a. I certify the saw the de abave, (1) | WHILE } NOTWHILE } | | | | | | | | | | |
| THE PHYSICIAN | PHAR | CHI | ED | | ATTENDING PHYSICIAN [220 ADDRESS] | Conny | STAFF HYSICIAN [] | n 1 | 1-10 Dri | ine | () |
| 230. BURIAL, CREMATI | ON, REMOVAL | | 9/1985 P | | EMETERY OR CREMATORY Nat.Cem. | Suitle | | r. Go | 3. | Het | ATE |

DHMH - 16 60M 7/84

(VRA 15, 4)

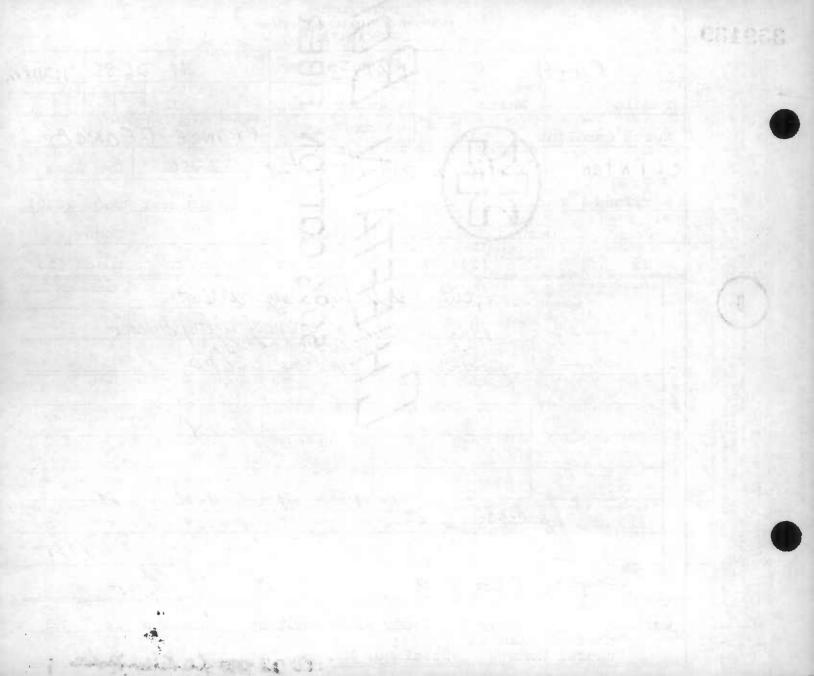
Nalley's F.H.

ADDRESS Mt.Rainier,
Md.

Md.

With the season of the season date of the contract of the co CENTRAL SERVICE CENTRE CENTRE DESCRIPTION OF THE PROPERTY OF T Total Canada Canada - LIC-1 - The

STATE OF MARYLAND



FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | i . | REGISTRAR | | CERTIFICATE OF DEATH | | | | REG. NO. | | | | |
|----|--|--|-------------|-------------------------------------|--|----------------------------------|-----------------------------------|------------------------------|------------------|-----------------|----------------------------------|--|
| , | 1 DECEASED NAME FIRST | | | MIDDLE LAST | | | | HINOM | DAY YEAR | 2b HOUR | | |
| 0 | (TYPE OR PRINT) Nelson P. Bond | | | | | | | | 11-1 | 1-85 | 7:00p M | |
| 1 | 3. SEX | | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | IF UNDER 24 HRS | |
| | Male | | | Black | | 10-26-18 YEAR | | 67 | YRS | MONTHS DAYS | HOURS MIN. | |
| | 78. BIRTHPLACE (STATE OR FOREIGN | | | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D X NEVER MARRIED | 9 BALTIMORE CITY O | RCOUNTY | Y OF DEATH | | |
| 1 | | N.C. | | U.S. | A. | WIDOWE | | Prince G | eorge | e's | MD. | |
| Q | | Y OR TOWN OF DEATH | | 11. NAME OF HOSPITAL, NURSING HO | | OORESS) | | 12a USUAL OCCUPATI | F WORKING LE | FE) INDUSTRY | | |
| Z, | | AMP Sprin | | | | | Ctr, AAFB | Retired-U | . D . A. | ruy Go | v't. | |
| 6 | | Md. | 136 COU | | Suitland | N | 13d. INSIDE CITY LIMITS? YES NO [| 13e STREET ADDRESS A | zip cobi tern | In | 1743 | |
| ÿ, | 14_FA | ATHER'S NAME | | WIOOFE | LAST | | 15 MOTHER'S MAIDEN NAM | | - | | | |
| 0 | | Willie | | | Bond | | Mary | WIDOLE | | Pender | SI . | |
| | 160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) LIFYES, GIV | | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDRE | | | | | |
| | | Yes | 55. | - 75 | 155-03-5877 Louise Bon | | id-Same as # 13 abo | | | | | |
| | | IB. CAUSE OF DEATH Enter only one cause per the for (a), the and ic PART I. DEATH WAS CAUSED BY. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. | | | | | | | | | MATE INTERVAL ONSET AND DEATH | |
| | | IMMEDIATE CAUSE (a) COSSATION OF STEATHING | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | DUE TO, OR AS A CONSEQUENCE OF Recurrent (Laryngeal Carcinoma Conditions, if any, which (16) Recurrent Laryngeal Carcinoma | | | | | | | | | | |
| П | | gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | | underlying cause last. | | | | | | | | E top (| | |
| 91 | 2. | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g | | | | | | | | a | | |
| 9 | No. | | | | | | | | | | | |
| Ż. | CERTIFICATION | 190 DATE OF OPERATION 196 CON | | 196 COND | DITION FOR WHICH OPERATION WAS PERFORMED | | | 20a AUTOPSY? | | S, WERE FINDIN | | |
| 1 | Ĭ. | | | | | | | YES NO | 1 | FYING CAUSES | OF DEATH? | |
| | CER | 21a. ACCIDENT WAS UNG | DERLYING [| | | | 21c. HOW INJURY OCCURR | | | | | |
| | | OR CONTRIBUTING | | E OF DEATH HOUR A.M. MONTH DAY YEAR | | | | | | | | |
| | MEDICAL | 21d INJURY OCCUR | | 21e. PLACE | | 19 | 21f LOCATION | | | | | |
| 2 | ME | WOI WHILE | | | | STREET CITY OR TOWN COUNTY STATE | | | | | | |
| | غد | 27a cartify that strottly his passital) attended the deceased from 25 957 to 85 to 1/ Nov. 10 87 the strottly | | | | | | | | | | |
| | 7 | that (be (we) last | | | | | | | | | | |
| | | above, (µ (we) (did) 1 | | | | | | | | | | |
| | * | | | | | | | | | | | |
| | | PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIPLOMBER | | | | | | | | | W185 | |
| | * | William F Souras, 6apt, USAF MC MGUSAF Med. Ctr., AAFB | | | | | | | | | | |
| | | William | 1 | auko-80 | HRAN | 0 | 1 | | .F.D | | | |
| | 13aC | URIAL EREMATION, | REMOVAL | 236. DAJE | 1 - | AME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY. | STATE | |
| | | | | 11/15/ | 185 AR | LING | TON NAT'L. CO | | YER | VA. | | |
| | | JNERAL DIRECTOR | | | ADDRESS | | 25a. DATE | REC'D. BY REGISTRAR | 256 REGIST | TRAR'S SIGNAT | Bandalil | |
| | 4 | . S. INASH | INGTE | NYSOM | 15 4925 B | URRE | HEAR SIVE KA IN | UV 15 1985 | 17 00.00 | | | |

H. S. WASHINGTON + SONS 4925 BURROUGH AVE KO. NUV

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR ould be detached for th the State Dept. of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

(VRA 15, 4)

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| val magnati dala | | F.G. Eniblend | 100.00 | | | | |
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STATE OF MARYLAND FOR STATE REGISTRAR

| DEPARTMEN | T OF | HEALTH | AND | MENTAL | HYGIENE |
|-----------|------|--------|-----|--------|---------|
| C | ERT | FICATE | OF | DEATH | |

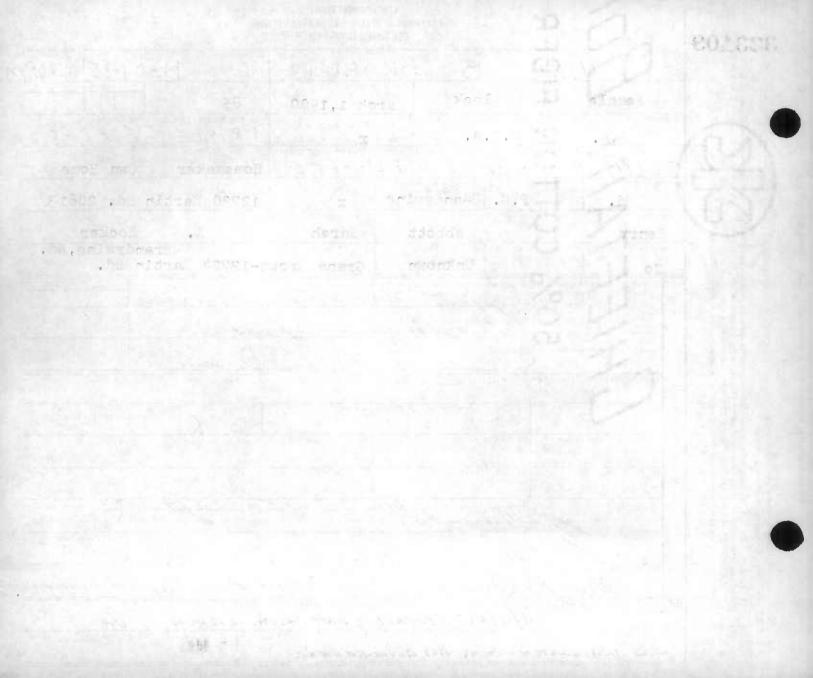
| REGISTRAR | | | | REG. N | Ο. | | | | |
|--|--|--|---------------------------------|---------------------------|-------------------------|-------------------------|-----------------|--|--|
| . DECEASED NAME FIRST | MIDD | 2 00 | AST | 2a DATE OF DEATH | MONTH DAY | | 2b. HOUR | | |
| N/N | AC | SBR | OADUS | | 11-07- | .82 | 6.40th. | | |
| 3. SEX | 4. RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BI | RTHDAY) IF UNDE | | IF UNDER 24 HRS | | |
| Female | Bla | ck Mar | | 85 | YRS. | | min. | | |
| To. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WH | AT COUNTRY? | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY OF DE | ATH | | | |
| Va. | U.S.A | WIDOWE | | PRINC | E 6 E | 186 | ES MD. | | |
| O CITY OR TOWN OF DEATH | | SPITAL, NURSING HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | KIND OF | BUSINESS OR | | |
| CLINTON | Southe | RN Mdf | HOSPITAL | Homemake | | n Ho | me | | |
| USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COL | UNTY 13c | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | 100 | | | |
| Md. | P.G. B | mandywine | YES X NO | 12720 Ma | artin Rd | . 20 | 0613 | | |
| 4. FATHER'S NAME FIRST | MIDDLE | LAST | 15. MOTHER'S MAIDEN NA | | | - LAST | 1-2-11 | | |
| Henry | | Abbott | Sarah | WIDDLE | | cker | | | |
| 60 WAS DECEASED EVER IN U.S. A | SIVE WAR OR DATES | SOCIAL SECURITY NO. | 17 INFORMANT | | ESS Brandy | | e, Md. | | |
| No | | Unknown | Grace Brow | m-12724 N | lartin R | id. | | | |
| 18 CAUSE OF DEATH (Enter | anly one cause per line | for ia), (b), and ic | | * | | APPROXIMA BETWEEN ON | ATE INTERVAL | | |
| PART I DEATH WAS CAUS | SED BY: ATE CAUSE (o) | with m | noomolige | untar | - Juil | | | | |
| MARKEOT | // | OL CONCEOURNER SO | | 7 | 1 | | | | |
| Conditions if any which | DUE TO, OR A | SA CONSEQUENCE OF | mis sh | 1-h | | | | | |
| gove rise to immediate | gove rise to immediate | | | | | | | | |
| underlying couse last. | couse (a), stoting the DUE TO, OR AS ACCONSEQUENCE OF | | | | | | | | |
| | (c) Commy on Juny I make | | | | | | | | |
| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | TIBL CONDITIO | N FOR WHICH OPERATIO | NI WAS REDECTATED | 28a AUTOPSY? | 20b. IF YES, WERE | EEINIDING | DC HOED | | |
| 2 IN DATE OF OPERATION | 198 CONDITIO | IN FOR WHICH OPERATIO | N WAS PERFORMED | 1 | IN CERTIFYING | | | | |
| E | | 11170 | 101 | YES NO | YES [| | NO 🗌 | | |
| OD CONTRACTOR OF OR | 21b. TIME OF IN HOUR A.M. | MONTH DAY YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR | PART 2) | | | |
| (IF EITHER NOTIFY MEDICAL EXAMIN | | 19 | | | | | | | |
| OR CONTRIBUTING CAUSE OF D | 21e PLACE OF I | INJURY FACTORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TO | OWN CO | YINU | STATE | | |
| AT WORK NOT WHILE AT WORK | | | | | , | | | | |
| | 22a. I certify that (I) (this haspital) attended the deceased from | | | | | | | | |
| sow the deceased alive above, (1) (we) (did did | not view the body ofte | er death. 19 J., or | nd that in (my) (our) apinion o | death accurred on the d | ate and hour and f | rom the ca | ouses stated | | |
| 22b. SIGNATURE | | | DEGREE | | 22 | C. DATE SI | IGNED | | |
| / Man | lanne | h | ATTENDING PHYSICIAN | MEDICAL STA | | 1181 | 85 | | |
| 224 PHYSICIAN'S NAME WAR | OR PRINT) | | 22e ADDRESS | 4 | | / | | | |
| Glenn | R. Cke | 10/24 | 9450 Fen. | n. Ave. | Upper | MAX | elfored K | | |
| BURIAL CREMATION, REMOVA | AL 23b DAVE | 123¢ NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | 101 | | | | |
| (Drecky) | 11/11/0 | | EN BAPT. CHCE | CITY OF TOWN | COUN | | STATE | | |
| | 11/1/6 | 1 COENTE | EIL WAIT, CHICE | M. LIGNU | 4. 11 | 14. | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

H. S. INHSHINETON + SONS 4925 BUDDOKEN HUE UK 24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -- STATE REGISTRAR 343074 DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-Rhinda Ann 4 RACE 6. AGE (IN YEARS | IF UNDER IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Caucasian December 8,1950 358 Female DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York USA DIVORCED XXX Prince George's County, WIDOWED [IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS Legal Secretary Southern Maryland Hospital Law Firm Clinton JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION nsd inside (ITT LIMITS? | 13€ STREET ADDRESS D YES IX NO □ | 12409 Kayak Drive (20772) Prince George's Upper Marlbord YES X NO [Maryland 14 FATHER'S NAME S MOTHER'S MAIDEN NAME Harold A. Ferguson Florence Ploufe 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 800 Teanessee Avenue 16h SOCIAL SECURITY NO Linda Nadeau - Athens, Tennessee 092-42-7576 No N/A 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY. Cranio-Cerebral Injuries IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? TO MEDICAL EXAMINENT. WRITING THE WORD TO SECUTE THE CERTIFICATE, WRITING THE WORD PROFES A SHOULD BE FORWARDED TO THE STATE DEPARTMENT OF HER DEATH, WITH THE STATE DEPARTMENT OF HER DEATH. YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXMONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 8:15 P.M. 11/29/19 85 subj. passenger in auto/truck impact 214 INJURY OCCURRED 21e PLACE OF INJURY TATHOME. 216 LOCATION STREET, FACTORY, FARM, ETC.) WHILE DOT WHILE @ Croms Rd., Upper Marlboro, Pr. Geo., Mc roadway 22a. I certify that I took charge of the remains described above, held on Inspection X Autopsy Accident K death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/30/85 SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE December 3, 1985 Resurrection Cemetery Clinton Mary Burial 07/84 25M 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VR A15 ME (5))6633 Old Alexander Ferry Road, Clinton, Maryland



completely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

injury, ar ather troumatic event, the medical example

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carban papers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 show any

FOR - STATE

STATE OF MARYLAND

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| PEPARTMENT | OF HE | ALTH A | ND MENT | TAL H | YGIENE |
| CEI | RTIFIC | CATE | OF DEAT | H | |

| | REGISTRAR | | CERTIFICA | ATE OF DEATH | REG. NO. | | | | |
|-----------------|---|---|--------------|-------------------------|--------------------------------|-----------|-------------------|----------|-----------------------------------|
| | EASED NAME FIRST | WIDDLE | LAST | | 20. DATE OF DEATH MO | HINC | DAY | YEAR | 26 HOUR |
| (ITTE C | William | | 1 | BROOKS | | 11 | 11 | 85 | 1:35p M |
| 3 SEX | 4 | RACE | S. DATE OF B | | 6. AGE IN YEARS LAST BIRTHE | AY) | IF UNDE | RIYEAR | IF UNDER 24 HRS |
| | Male | Black | 04 | 21 54 | 31 | YRS. | MONTHS | DATS | HOURS MIN. |
| | THPLACE (STATE OR FOREIGN 7 | LOUNTRY? | 8 AAADDIED X | NEVER MARRIED | 9 BALTIMORE CITY OR | COUNT | Y OF DE | ATH | |
| | D.C. | U.S.A. | WIDOWED [| | Prince Geor | rge' | s Co | unt | у, мр. |
| 10. CIT | Y OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURSING | | OTHER INSTITUTION | 12a USUAL OCCUPATION | 4 | 12b | KINDO | F BUSINESS OR |
| 1 | Riverdale | Leland Memolria | al Hosp | ital | Plumber | | Pr | LVSTRY | te |
| USUA 13a. S1 | | OTHER INSTITUTION GIVE RESIDENCE BEFORE : | | d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / Z | IP COE | DE . | 20 | 100 |
| 1 | Md. P. | G. Fairmoun | t Hgt | S NO | 708 59th | Ave | - Annual Property | KU! | Jan 1 |
| 14 FA1 | THER'S NAME FIRST M | IDDLE LAST | 15 | . MOTHER'S MAIDEN N | MIDDLE | | | LAS | л |
| | Lawrence | Brooks | | Margaret | | | Le | Wis | |
| | AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES GIVE | | | INFORMANT | ADDRESS | | | | |
| - | No | 579-74- | /203M | argaret E | rooks-Same_ | as | | _ | bove |
| | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | one couse per line for 101, (b), and BY: | icil / | 0.0 | | | B | ETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | IMMEDIATE | CAUSE (0) | raten | y foul | url | | | | |
| | | DUE TO, OR AS A CONSEQUE | NCE OF | J . | | | | | |
| 1 | Conditions, if ony, which gove rise to immediate | (b) | San | 158 | | | | - | |
| | couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUE | 10 11 | | Doles | 1 | 0 | , | |
| | PART 2 OTHER SIGNIESCANT CO | ONDITIONS CONTRIBUTING TO D | | T PELATED TO THE TEL | MINIAI DISEASE OB COMPIL | HONE | OVI | OLD I | |
| | TAKI 2 OTTEKSIONIFICANI CC | SINDINOINS CONTRIBUTING TO D | EATH BOT NC | TRACTED TO THE TEL | MINAL DISEASE OR CONDI | 1014 61 | IAEIAIIA I | PAKI III | , |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION V | VAS PERFORMED | 200 AUTOPSY? | Ob. IF YE | S, WERE | FINDIN | NGS USED |
| I I | | | | | YES NO W | | ES T | LAUSES | OF DEATH? |
| i iii | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR 2 | It. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY I | N ITEM IB | PART I OR | PART 2) | |
| ₹ S | OR CONTRIBUTING CAUSE OF DEATH | P.M. | 19 | | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | | IT LOCATION | CITY OR TOWN | | co | UNIY | STATE |
| 2 | AT WORK NOT WHILE | THE SHEET, FRETONI, OFFICE, FR | | | | | | | |
| | 22a. I certify that (I) (this hospital | | 11- | 19_ | , to//- /. | | . 19_ | | that (II (we) last |
| | sow the deceased alive on above, (I) (we) (did (did not) | view the body ofter death. | | | n deoth occurred an the date | and ha | ond f | om the | couses stated |
| | 226. SIGNATURE | 11 (| DEC | ATTENDING | MEDICAL STAFF | | 22 | c DATE | SIGNED |
| 4 | 22d. PHYSICIAN'S NAME (IXPEOR | ON | 120 | PHYSICIAN 20 ADDRESS | | N | | 11 | 11/83 |
| | 220. PHISICIANS NAME (DIFFOR | NATH M. | A 1" | | Gallat | 0 | . / | | Que . N |
| 1000 | | | ٠, ١ | | | رها | 1 1 | h., | 207/10 |
| 130 B | URIAL CREMATION, REMOVAL | | | V NEH. PA | CITY OR TOWN | n | O'OUN | TY | STATE |
| 24 FUI | NERAL DIRECTOR | | FIRMEN | | ATE REC'D. BY REGISTRAR 25 | | TRAR'S | SIGNAT | URFundation |
| | | N + SONS 4925 | ALIDA | | | 1 2 - 04 | إسدعين | WOOD! | Marie Britan |
| - | | 7721 | 230. 27 | W.C. | 1181 10 1000 | | | | |

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| | DESTRUCTION OF THE PARTY OF THE | white the second | Harry Sung | M. S. Minim were |

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should be detached for use os the burial-tronsit permit. Then please remave with the Stote Dept. of Health and Mental Hygiene prior to burial, crematia: this certificate has been TO FUNERAL DIRECTOR: IMPORTANT: If Hem 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

| REGISTRAR | | | CERTIFICA | E OF DEATH | REG. N | O. | | |
|---|-----------------------------|---|----------------|---------------------------------------|---------------------------|-------------------|------------------|---------------------------------------|
| DECEASED NAME | FIRST | MIDDLE | LAST | | 2a. DATE OF DEATH | MONTH [| DAY YEAR | 2b. HOUR |
| | ia | Ruth | BROT | MAN | Novembe | r 28 | 1985 | 11:200 |
| SEX | 4 RACE | | 5. DATE OF BIR | ТН | 6 AGE (IN YEARS LAST BIR | THDAY) | IF UNDER : YEAR | IF UNDER 24 HRS |
| Female | Whi | te | May 4 | 1939 YEAR | 46 | YRS | MONTHS DAYS | HOURS MIN. |
| BIRTHPLACE (STATE OR FOR | IEIGN 76 CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9. BALTIMORE CITY | | OF DEATH | |
| Guatemala | U.S.A | | WIDOWED | DIVORCED T | Prince G | eorge' | s | MD. |
| CITY OR TOWN OF DEATH | | HOSPITAL, NURSING | | HER INSTITUTION | 12a USUAL OCCUPAT | | | OF BUSINESS OR |
| Lanham | | Hospital | | Geo. Co. | Housekeep | | | Home |
| SUAL RESIDENCE (IF NURSING | HOME OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE A | ADMISSION) | NSIDE CITY LIMITS? | 13e.STREET ADDRESS | / 7IB CODE | | |
| Maryland | P.G. | Lanham | | NO [| | | Road 20 | 0706 |
| FATHER'S NAME | WIDDLE | LAST | 15 M | OTHER'S MAIDEN NA | ME MIDDLE | | | AST |
| Juan | Francisco | | 1 | Carmen | M. | | | irr |
| WAS DECEASED EVER IN | U.S. ARMED FORCES? | 166 SOCIAL SECUR | | NFORMANT | ADDR | | | umet Grov |
| NO (AFP WO OK OMKWOMM) | (IF TES, GIVE WAR OR DATES) | 579-70-9 | 170 M | rs. Violeta | Peith Dr. | Fairf | ax, Vi | rginia |
| 18 CAUSE OF DEATH | Enter anly ane cause per | line fow(a), this and | | < | | | | XIMATE INTERVAL |
| | lost. Ici | esy | rling | RELATED TO THE TERM | INAL DISEASE OR CON | 1 20 IEVES | WERE FINDI | uni. |
| IN DATE OF OPERATION | JN TVI COM | HIGH FOR WHICH C | TERM BODON | 3. PERFORMED | YES NO | | YING CAUSES | |
| OR COLUMNIA CAL | USE OF DEATH HOUR A. | FINJURY M. MONTH DAY | Y YEAR | HOW INJURY OCCURI | RED (ENTER NATURE OF INJU | RY IN ITEM 18. P. | ART 1 OR PART 2) | |
| (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK | LAT HOME STI | OF INJURY REET, FACTORY, OFFICE, FAR | | LOCATION STREET | CITY OR TO | wn | COUNTY | STATE |
| sow the deceased | his haspital) attended the | 28 190 | and tho | 3 , 19 V (t in (my) (our) opinian | death accurred an the d | ate and haur | r and fram the | , that (I) (we) last causes stated |
| 776 SIGNATURE | m/ann | a, | DEGR | | MEDICAL STA | FF CIAN [| 22c DATE | E SIGNED |
| 22d. PHYSICIAN'S NAM | 0 (/1 | ician | 22e | Longer 1 | Moel box | Ave | m 2 | 182772 |
| BURIAL, CREMATION, RE | MOVAL 236. DATE | 23c N | AME OF CEMET | ERY OR CREMATORY | 23d. LOCATION | | 1014 | |
| (SPECIFY) Buria | Dec. 2 | , 1985 Ft | . Linco | ln Cemetery | Brentwood | i i | P.G. | Maryland |

STATE OF MARYLAND

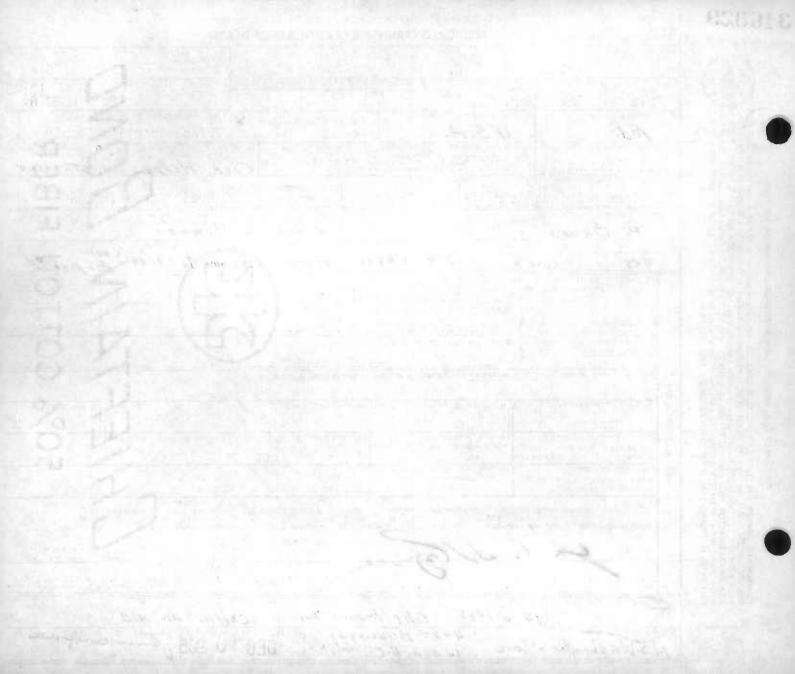
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE F. Gasch's Sons F.H. P.A. Hyattsville, Maryland DEC

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| sining , victimis | · " dio" ma | to per lend of |) tead word | | 63 |

Surful co. 2, 1985 Ft. Lincoln Courtony Reprised P.S. Maryldad

W. Cogobie Sone J. H. L. Musteville, Maryland

STATE OF MARYLAND 346029 FOR ARTMENT OF HEALTH AND MENTAL HYCHENE - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINT OF ESTI-DEATH MATED X Arthur Brown 85 19 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Mar. 21, 1918 Black 19 85 Male 67 DEAD A. 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's DIVORCED WIDOWED L ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Seat Pleasant 6802 Greig Street, #104 RESTAURANT Helper Prince George's Seat Pleasant 6802 Greig Street, #104 13d. INSIDE CITY LIMITS? Maryland YES P NO MIDDLE AND MARIA Williams 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Arthur W. Brown, IR. 14309 CROOM DIVISION WW2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Metastatic carcinoma IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which carcinoma of the larynx. 3 years gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION None 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING None CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC 1 CITY OF TOWN COUNTY 22e. I certify that I took charge of the remains described above, held on Noturopcouses X deoth resulted from: Accident Suicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOULD TO FUNERAL DII AFTER DEATH, W BALTIMORE, MA ACTUAL 12/3/85 Deputy SIGNATURE 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery County, Md. (TYPE OR PRINT) Cheftenham, md Henhan Cam. 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO **DHMH - 17** (VR A15 ME (5))



MACHINGTON, D.C. 2001

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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STATE OF MARYLAND

318090

FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | REGIOTRAN | | | | REG. N | J. | | | |
|-----|---------------|---|-------------------------------|--------------------|-------------------------------|--------------------------|----------------|---|------------|----------|
| | | CEASED NAME FIRST | MIDDLE | | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 2b HOU | JR |
| | | | Tomys | Ε. | Brown | November 07 | | | | 6A M |
| | 3. SE) | | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | - | UNDER I YEAR | HOURS | MIN, |
| - | | Male | Black | | 11, 1966 | 19 | YRS. | | | |
| | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | UNTRY? 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY C | R COUNTY O | FDEATH | | |
| 1 | 1 | Virginia | USA | WIDOWE | | Prince Ge | | | | MD. |
| | 10, CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | 126. KIND O INDUSTRY | F BUSINE | ESS OR |
| 7 | 4 | Laurel | | | ville Hospital | Unemploye | :d | | | |
| 1 | | AL RESIDENCE (IF NURSING HOMEOF STATE 136 COUR | | OR TOWN | 134 INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | | |
| 1 | 14.51 | | Arundel La | urel | YES NO | Box 722, C | ak Road | 20 | 707 | |
| 2 | IA FA | ATHER'S NAME | | LAST | 15 MOTHER'S MAIDEN NA | WE | | LAS | Т | |
| 9 | /_ | Thomas E. | | | | Hairston | | | | |
| 7 | | | VE WAR OR DATES) | IAL SECURITY NO. | 17 INFORMANT | ADDRE | 33 | | | |
| | | No | Unkn | own | Ruby Hairsto | n (Mother) | same as | | | |
| | - | 18 CAUSE OF DEATH /Enter or PART I. DEATH WAS CAUSE | nly ane cause per line for ta | | 1 1-1-1 | 11 | west | BETWEEN | MATE INTER | DEATH |
| 5 | | | TE CAUSE (a) A C | we re | spiratory ta | ume 4 a | ren | | | |
| | | | DUE TO, OR AS ACO | NSEQUENCE OF | | 1 1 | 10 | 7 10 5 | | |
| | | Canditians, if any, which gave rise to immediate | (16) 3e | were c | home C bron | cuax or | ruma | | | |
| | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CO | NSEQUENCE OF | a stema | h' cera | | | | |
| | | | (c) | Jan | , , , , , | | | | | |
| | N | PART 2 OTHER SIGNIFICANT | ONDITIONS CONTRIBUTE | ING TO DEATH BUT | NOT RELATED TO THE TERM | VINAL DISEASE OK CON | DITION GIVEN | IN PARI II | | |
| 7 | ATIC | 19a DATE OF OPERATION | 195 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, V | VERE FINDIN | IGS USE | 0 |
| 7 | IFIC | | | | | YES NO | IN CERTIFYIN | NG CAUSES | OF DEAT | TH? |
| | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c HOW INJURY OCCUR | | | | 110 | |
| | | OR CONTRIBUTING CAUSE OF DE | | TH DAY YEAR | THE IN THE | | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED | P.M. 21e PLACE OF INJURY | | 211 LOCATION | | | | | - |
| | ME | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTOR) | | STREET | CITY OR TO | WN | COUNTY | S | TATE |
| | | 220 1 certify that (I) (this haspi | ital) attended the decease | d fram | 10 7.5 | ta | 19 | 81 | that (1) (| we) last |
| | | saw the deceased alive an | Nov ! | - / | nd that in (my) (aur) apinian | death accurred an the d | ate and haur a | | , , | |
| | | 27h SIGNATURE | I) view the body after deaf | 1.0 | DEGREE | | | 22c. DATE | SIGNED | |
| | | Mount | Balla | Z. | M.D. ATTENDING PHYSICIAN | MEDICAL STA | FF | 111/ | 7/1 | 85 |
| 7 | | 224 PHI SICIAM'S NAME (1916) | frist. | 200 | 77e. ADDRESS | | | , | | 4 1 |
| 1 | | DRTAKY | MOURTZ | ANAKUS | 3450 F | ort Mead | e Rd | , law | ce | Ma. |
| -37 | 23a. B | BURIAL, CREMATION, REMOVAL | | 23c. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | QUNTY | , | TATE |
| | | Burial | 11-14-85 | Mt Zion | Cemetery | Laurel, | Arme A | runde | 1,MD | |
| | 24 FU | JNERAL DIRECTOR | | ADDRESS | 25a. DAT | E REC'D. BY REGISTRAR | 256. REGISTRA | R'S SIGNAT | URE | |
| | | George R. Sno | wden Rockvil | le, MD 2 | 0850 | 10 10 | Horizon dissa | de la | endlates | |

DHMH - 16 60M 7/84 (VRA 15, 4)

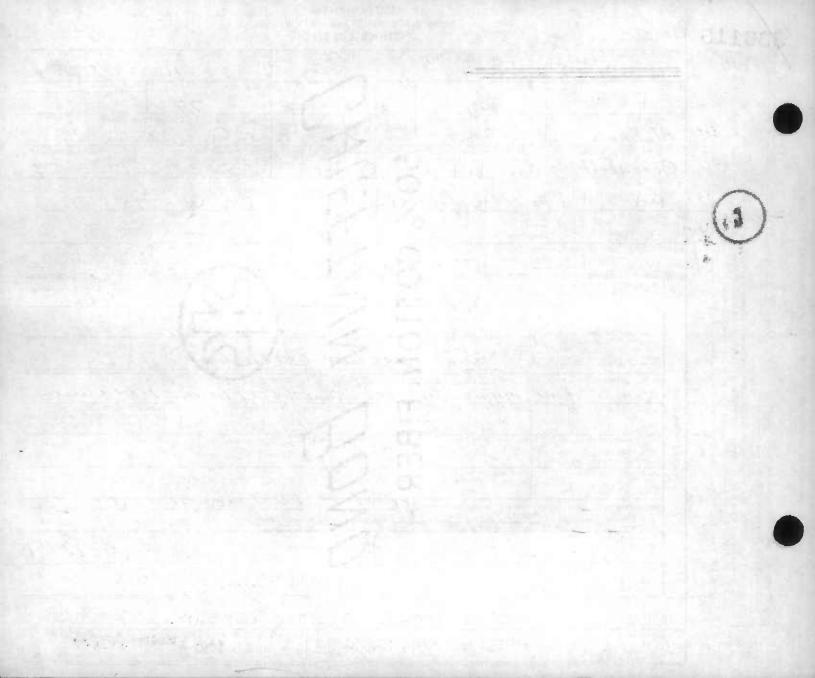
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STATE OF MARYLAND

| | FOR STATE REGISTRAR | | FHEALTH AND MENTAL HYG | REG. NO. | | | | | | |
|---|--|---|---|--|---|--|--|--|--|--|
| | I DECEASED NAME GLADYS | ^TMOGENE | BUCK | 20 DATE OF DEATH MONTH | DAY YEAR 26. HOUR | | | | | |
| | I SEX FEMALE | TTF MO | E OF BIRTH NTH DAY YEAR Z. Z. O. 8 | 6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS | MONTHS DATS HOURS MIN. | | | | | |
| | Pla DAMA | US A. WIDO | RIED NEVER MARRIED DIVORCED | BALTIMORE CITY OR COUNT | CE GEORGE'S) MD. | | | | | |
| | Greenbelt | 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greenbelt NS q | Center | (1YPE OF WORK FOR MOST OF WORKING LE REGISTERED NURS | 126. KIND OF BUSINESS OF INDUSTRY PRIVATE DUTY | | | | | |
| | 130. STATE | PROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OF TOWN 136 CITY OR TOWN Upper Harl | 13d. INSIDE CITY LIMITS? | | 75-/20772 | | | | | |
| 4 | 14 FATHER'S NAME FIRST JORDAN | MIDDLE LAST BECK | 15 MOTHER'S MAIDEN NAME OF THE STATE OF THE | MIDDLE (| UNKNOWN) | | | | | |
| - | 160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (1F YES, GI | IVE WAR OR DATES! | O WILLIAM FRAN | ICIS BUCK, JR., | PPER MARLBORO, MI | | | | | |
| | | nly one couse per line for (a), (b), and (c.) ED BY. ITE CAUSE (a) Velich' ever | ic | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. | gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | |
| | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO DEATH B | T NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GI | | | | | | |
| 1 | 210. ACCIDENT WAS UNDERLYING [| 196. CONDITION FOR WHICH OPERAT | Ferral Leg Oliv | 206 AUTOPSY? 206. IF YE | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc | | | | | |
| 7 | OR CONTRIBUTING CAUSE OF DE | R) P.M. MONTH DAY YEAR | AR 9 | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) | | | | | |
| | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | | |
| | saw the deceased alive or above, (1) (we), (did), (did no | ot view the body after death. | | death occurred on the date and ha | | | | | | |
| | THE SECRETURE | | | MEDICAL STAFF DIRECTOR PHYSICIAN | 1221. DATE SIGNED 18 12 19 16 | | | | | |
| | 22d PHYSICIAN'S NAME (TYPE OF TILL BERGEMAN | NN, M.D. | | ROFESSIONAL BUIL MARYLAND | DING | | | | | |
| | 230. BURIAL, CREMATION, REMOVAL BURIAL | | F CEMETERY OR CREMATORY ECTION CEMETERY | | | | | | | |
| | 24 FUNERAL DIRECTOR | ANT -IIDDED MADISPODO N | MADVI AND 25g. DAT | E REC'D. BY REGISTRAR 256 REGIS | PAR'SKICHIATTE | | | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

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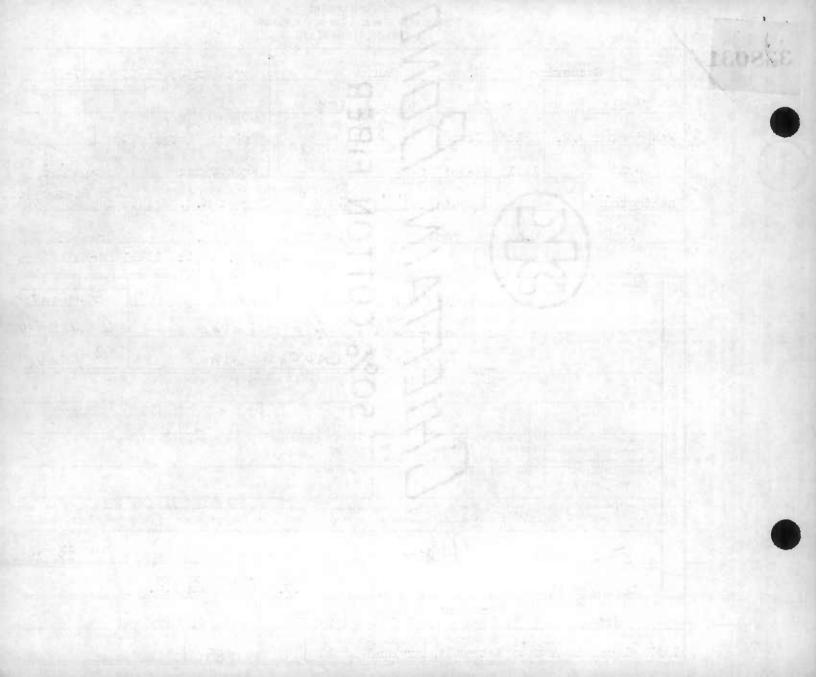


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DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

| ı | | STATE REGISTRAR | DEPA | CERTIFICATE OF DI | | |
|---|----------------|---|---|----------------------------------|---------------------------------------|---|
| 4 | 1. DEC | EASED NAME FIRST | MIDDLE | LAST | | MONTH DAY YEAR 26 HOUR |
| | (TYPE | Catheri | ne M. | Burns | November 2 | 28, 1985 7:56p M |
| ſ | 3. SEX | | 4. RACE | 5 DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTH | HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS |
| 1 | | Female | Caucasian | May 1, 1901 | | YRS |
| 1 | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTS | 2Y2 8 | _ 9 BALTIMORE CITY OF | |
| 1 | | Shington D.C. | United States | MARRIED NEVER M | | orge's County MD. |
| 1 | | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME OR OTHER INSTI | TUTION 120. USUAL OCCUPATIO | ON 126 KIND OF BUSINESS OR |
| 1 | - | Bowie | 12211 Mackell | | Procurment | . 0.0. |
| 1 | USUA 13a. S | L RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION GIVE RESIDENCE BE | FORE ADMISSION) | | 74440 |
| _ | | hington | Washing | ton YES X | NO Street N.E. | Washington DC 20018 |
| I | M FA | THER'S NAME | MIDDLE LAST | | MAIDEN NAME | 1AST |
| 1 | | Frank | C. Poch | | nerine M. | Gramlich |
| 3 | | AS DECEASED EVER IN U.S. AR | | CURITY NO. 17 INFORMAN | Marlone V Tydie | S 12211 Machall I |
| 1 | (1 | No | 579-03- | .3073 Bowi | ie, Maryland 20715 | k 12211 Mackell Lane |
| Ī | | 18 CAUSE OF DEATH (Enter or | nly ane cause per line lar (a), (b), | and Ich | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ١ | | PART I. DEATH WAS CAUSE | TE CAUSE (a) Car | dievalmona | ry Arrest | 5 minuter |
| 1 | | | DUE TO, OR AS A CONSE | DUENCE OF | 4.16 | 0 4 |
| ı | | Conditions, if any, which | 7) | monary | Metastates | 6 mon Thr |
| 1 | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSE | | | 0 |
| ı | | underlying cause last. | 100000000000000000000000000000000000000 | reast ca | veinoma | Lyeave |
| ı | 8 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | O DEATH BUT NOT RELATED | TO THE TERMINAL DISEASE OR COND | ITION GIVEN IN PART 110 |
| ı | 0 | | | | | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WH | CH OPERATION WAS PERFOR | MED 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| 4 | E | | | | YES NOK | YES NO |
| | CER | 210. ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | 21c HOW INJ | URY OCCURRED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PART 2) |
| | | OR CONTRIBUTING CAUSE OF DE. | ann | DAY YEAR | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 211 LOCATION | V CITY OR TOW | VN COUNTY STATE |
| 1 | Z | WHILE NOT WHILE | (AT HOME STREET, FACTORY, OFFI | CE FARM ETC) | CHYORION | TALE STATE |
| 1 | 19 | 220 I certify that (I) (this hasp | ital) attended the deceased Ira | June 12, | | 8 19_85, that (Ir (we) last |
| 1 | 21 | saw the deceased alive or | NOV. 21, ot) view the bady after death. | $\frac{85}{}$ and that in (my) (| our) apinion death accurred on the da | te and haur and Iram the causes stated |
| 1 | | 226. SIGNATURE | NO NO | DEGREE | | 221 DATE SIGNED |
| 1 | | Z draw o | n Call | mil AT | TENDING MEDICAL STAF | November 1985 |
| 1 | | 22d PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e. ADDRESS | | 27, 1703 |
| 1 | | Lawrence Kl | ein | | 3301 New Mexico N.W. Washington | Ave D. C. |
| + | | URIAL, CREMATION, REMOVAL | 23b DATE: 2 | NAME OF CEMETERY OR CI | | D. U. |
| | 23a BI | | | | | |
| | | PECIFY) | December | George Washin | gton CITY OR TOWN | Mary and |
| | (5 | Burial | 2, 1985 A. Pumphrey F | George Washin | gton Adelphi. | Maryland |



20M 4/B2

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

STATE OF MARYLAND DEPA

| RTMENT (| OF HEALTH | AND MENTAL | HYGIENE |
|----------|-----------|------------|---------|
| CER | TIFICATE | OF DEATH | PF.C |

| | REGISTRAR | | | CERTIF | ICATE O | DEATH | | | REG. N | 0. | | | | |
|---------------|--|-----------------------------|--------------------------------------|------------|---------------------|---|----------|-----------|-----------------|---------------|----------|--------------------|----------|----------|
| | CEASED NAME FIRST | , | WIDDLE | | LAST | | 20. | DATEO | | MONTH | DAY | YEAR | 2b HO | UR |
| | ROSALI | E | G. | CAB | ELL | | | | | 11 | 17 | 85 | 7 | 43am |
| 3. SE | X | 4 RACE | | 5. DATE C | | | 6 A | AGE (IN) | EARS LAST BIF | THDAY) | | NDER I YEAR | | R 24 HRS |
| Fe | emale | Caucasi | an | Feb | | 1913 | 17 | 72 | | YRS | MONI | HS DAYS | HOURS | MIN, |
| | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | - 🗆 | D DDIED [| 9 B | | RE CITY | | | DEATH | | |
| | New York | U.S. | A. | WIDOWE | | R MARRIED ! | | PRI | NCE | GEO: | RGE | 1 S | CO | UNIX |
| 10 C | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | IG HOME C | | ISTITUTION | | | OCCUPAT | ION | 1; | 2b. KIND O | F BUSIN | VESS OR |
| 2 | LINTON | SOIII | HEACILITY, GIVE STREET | RYLA | ND H | OSPITA | | | tary | | | Fed. | Gov | 1+. |
| 30. | AL RESIDENCE (IF NURSING HOME STATE 13b, COL | | GIVE RESIDENCE BEFORE | ADMISSION) | 13d INSIDE YES 🔀 | CITY LIMITS? | ? 13e | STREET | ADDRESS Brin | / ZIP CC | DE | 201 | 748 | |
|) | Ernest | MIDDLE | Gunnell | | | R'S MAIDEN I | NAME | | WIDDLE | | | Cross | | |
| 160 | VAS DECEASED EVER IN U.S. A | | 16b. SOCIAL SECU | IPITY NO | 17 INFOR | | _ | | | FSS | | | | |
| | | GIVE WAR OR DATES) | 262-34-6 | | | R. Ca | bell | 1 2 | 2913 Temp | | | Rd. | #1 | 02 |
| | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OF | R AS A CONSEQUE | | na | of the | le e | lı | una (| \ | | | | |
| Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO E | DEATH BUT | NOT RELAT | ED TO THE TE | ERMINA | L DISEAS | E OR CON | DITION | GIVEN II | N PART 10 | 0 | |
| CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PER | FORMED | | 200 AUTO | DPSY? | | | ERE FINDING CAUSES | | ATH? |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN | EATH HOUR A. | | | | INJURY OCC | URRED | (ENTER NA | TURE OF INJU | IRY IN ITEM 1 | 8 PART 1 | OR PART 2] | | |
| MEDICAL | 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE ((AT HOME STR | OF INJURY EET, FACTORY, OFFICE, F | ARM ETC) | 21f LOCA STR | | | | CITY OR TO | NWN | | COUNTY | | STATE |
| | 220.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (this (did r | 16 m | 19 | 35,01 | nd that in (m | , 19 <u>~</u> y) (oor) opinid | ion deat | h occurre | d on the d | ate and h | our and | d from the | couses s | |
| | 226. SIGNATURE | 11/1/1/1 | - | | DEGREE | | | | | | | 22c. DATE | SIGNED |) |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He

MPORTANT

230 BURIAL, CREMATION, REMOVAL (SPECIF Burial 24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE

11/19/85

William J. Oetgen, Md.

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

Clinton

P.G. Maryland

Oxon Hill. Md. NUV 20 1850 REGISTRAN 250 REG George P. Kalas Funeral Home Oxon Hill, Md.

3611 Branch Avenue

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Temple Hills, Md. 20748

e Leagn

stroll well

27 1 27 200

910%

Partie Hills, Me. Dayou

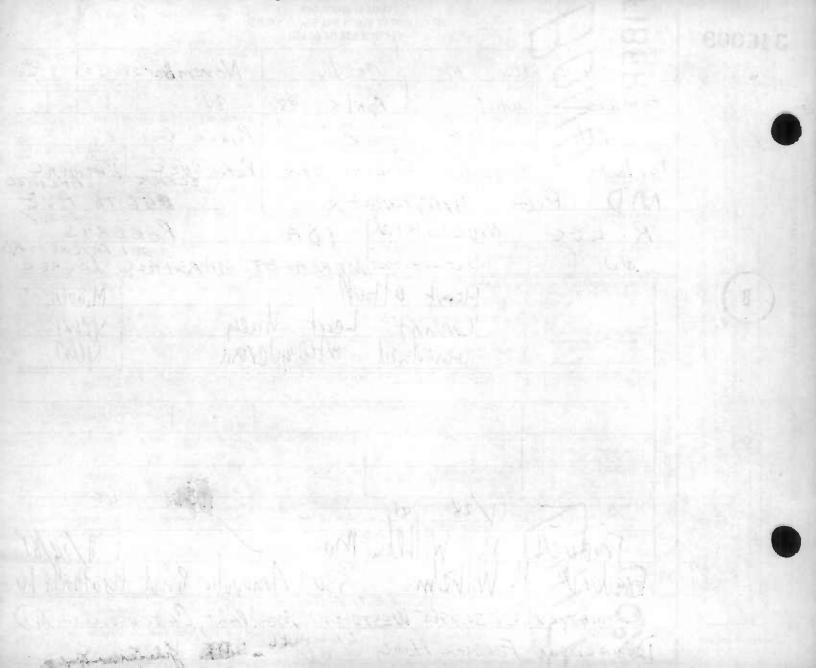
Seign Talloffer Women atim Comercy City ... Kartino

Car first maken para decree S. Kultu ameral Home Owed Hill, pd.

Menting J. cailing

Commo . . . teams

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 346009 CERTIFICATE OF DEATH REGISTRAR Henrietta M. Canby REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS enrietta 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH 3. SEX YEAR 98 76. BIRTHPLACE LE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVERMARRIED COUNTRY) US WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17b. KIND OF BUSINESS OR INDUSTRY Gardens 13e.STREET ADDRESS / ZIP CODE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 78s. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO I 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **21b. TIME OF INJURY** 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71e. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 22a. I certify that (I) (this heaptal) attended saw the deceased alive an. and that in (my) land opinion death occurred on the date and hour and from the causes stated obove, (IT (we) (did) (did not) view the body after death. STAFF ld be deto the Stote [TDIRECTOR PHYSICIAN MPORTANT. 22e ADDRES 23a. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

| STATE OF MARTLAND | 0 |
|--------------------------------|---------|
| EPARTMENT OF HEALTH AND MENTAL | HYGIENE |
| CERTIFICATE OF DEATH | |

| | REGISTRAR | | | | CERTI | ICAIL OI DEATH | R | REG. NO. | | | | |
|---------------|--|------------------------------------|-----------------|---------------------------------------|-------------------|-------------------------------|------------------------|----------------------|--------------------|---------------------|---------|----------|
| | CEASED NAME | FIRST | 1 | AIDDLE | l. | AST | 20 DATE OF DE | ATH MONTH | H DAY | YEAR | 2b. HO | UR |
| (1Ab) | E OR PRINT) | Gertre | ıde | M • | Can | rver | November | r 13. | 1985 | | 6:1 | 5A M |
| 3. SE | X | | 4. RACE | Market M. | 5. DATE C | | 6. AGE (IN YEARS | | IF (| JNDER 1 YEAR | IF UNDE | R 24 HRS |
| F | Temale | 1 | White | | Dec | . 11, 1902 | 82 | | YRS MON | NIMS DAYS | HOURS | MIN, |
| 7a. B | IRTHPLACE (STATE C | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | | 9 BALTIMORE | | | DEATH | 1 | |
| | COUNTRY) | me DC | USA | | MARRIE | 37 | | e Geor | | | y | 445 |
| Sec. | ITY OR TOWN OF D | | 11. NAME OF | | G HOME C | OR OTHER INSTITUTION | 12a USUAL OCC | | | 12b. KIND C | | MD. |
| 1 | Laurel | (3) | Greater | Laurel I | address) Belts | ville Hospita | 1 Superv | nost of work | (ING LIFE) | Dept. | of | Labo |
| | AL RESIDENCE (IF NO | 13b COUN | | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMITS? | 13e STREET ADD | DECC / 710 | CODE | | | |
| 1.50 | MD | PG | 411 | Laurel | | YES TK NO [| 243 Bro | | | | 2070 | 7 |
| ILE. | ATHER'S NAME | | | | | 15 MOTHER'S MAIDEN N. | AME | | , | | | |
| | John | | A • | Moreland | | Magdelena | MI | IDDLE | | Melch | ior | |
| 160 | WAS DECEASED EVE | | MED FORCES? | 16b SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | urel | MD 2 | 20700 | 7 |
| | YES NO OR UNKNOWN) | (IF YES GIV | E WAN ON DATES! | 577-05-5 | 729A | Ruth M. Go. | ldberg 15 | 968 Do | rset | Rd. | .0707 | |
| | Conditions, if or gave rise to in cause (a1, sta underlying cou | ny, which mmediate iting the | (b)_ | R AS A CONSEQUE | lomyo | DEATHY | | | | | | |
| CERTIFICATION | PART 2 OTHER SIGNATURE OF OPER | | | | | NOT RELATED TO THE TER. | 20a AUTOPSY | 20b. | IF YES, W | VERE FINDING CAUSES | NGS USE | ATH? |
| | 210. ACCIDENT WAS U | CAUSE OF DEA | III | M. MONTH DA | Y YEAR | 21c HOW INJURY OCCU | 1.00 | OF INJURY IN ITE | YES [| | NO | Ų |
| MEDICAL | 21d INJURY OCCU | WHILE ORK | 21e. PLACE | OF INJURY EET, FACTORY, OFFICE, FA | ARM, ETC) | 211 LOCATION STREET | CII | TY OR TOWN | | COUNTY | | STATE |
| | | ased alive on | 11 | 13 19 8 | | nd that in (my) (aur) apiniar | to | 1/3 the date an | , 19. d haur ai | nd fram the | - | tated |
| | 22b. SIGNATURE | MI | alha | atro | | MD ATTENDING PHYSICIAN | MEDICAL DIRECTOR TO | STAFF PHYSICIAN [| | 22c. DATE | ISIGNED | |

22e ADDRESS

7100

DIVISION OF VITAL RECORDS, 201

DHMH - 16 60M 7/84

Burial 11/15/85 Ft. Lincoln Cem.

24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc.

NAME 5130 WI Ave. NW Wash., ADDRESS 20016 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

PARKHURST MD

23b. DATE

BALT AVE COLLEGE PARK 20790 23d LOCATION
CITY OF TOWN

Brentwood, MD 23¢. NAME OF CEMETERY OR CREMATORY COUNTY STATE

250 DATE REC'D. BY REGISTRAR 266 REGISTRAR'S SIGNATURE

Total Company of the State of the Company of the Co de soet es des estates de la lace de lace de la lace de la TO A TO A STORE | STOR 70705 Investigate Service at 1000001 Proceedings of 1000001 House England . A

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PLET HE EVE HE MEET TO ROOM

- sie wwidon-Handelle

319132

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFICATE OF DEATH | REG. N | 0. | |
|--|---|---|---|--|--|
| 1. DECEASED NAME (TYPE OR PRINT) | A MIDDLE | CASTLÉ' | 2a. DATE OF DEATH | MONTH DAY YEAR | 26 HOUR 5 55A M |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNDER 1 YE | |
| Female | Caucasian | Sept. 29 1901 | 84 | YRS. | 15 HOURS MIN. |
| 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia | 76 CITIZEN OF WHAT COUN U.S.A. | TRY? 8 MARRIED NEVER MARRIED WIDOWED NORCED | | R COUNTY OF DEATH | |
| CHEVERLY | | URSING HOME OR OTHER INSTITUTION SES A GENERAL HOSPITAL | 12a USUAL OCCUPATION OF WORK FOR MOST Cashier | F WORKING LIFE) INDUST | D OF BUSINESS OR RY ndy Store |
| | INTY 13c. CITY OR | TOWN 138 INSIDE CITY LIMITS? | 2963 Brink | zip code ley Rd. #20 | 20748 02 |
| FATHER'S NAME FIRST Ernest | MIDDLE LAST | | MIDDLE | Ma: | rtin |
| 160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? 166 SOCIAL SIVE WAR OR DATES) 578-01 | SECURITY NO. 17 INFORMANT L-0189 Margaret W. | Castle Tem | Brinkley I | Rd. #202 Md. |
| | DUE TO, OR AS A CONS | EQUENCY OF YOU'S TO DEATH BUT NOT RELATED TO THE TE | word Can | DITION GIVEN IN PART | 110 |
| 210. ACCIDENT WAS UNDERLYING | 19b. CONDITION FOR WI | HICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FIN IN CERTIFYING CAUS | |
| | | DAY YEAR | URRED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR PART | 2) |
| OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF | FFICE, FARM, ETC.) 211 LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| sow the deceased olive o | pital) attended the deceased from | om 1986 1996 and that in (my) (our) opinion | on death occurred on the d | te and hour and from | _, that (I) (we) lost the couses stated |
| 226 SIGNATORS | Journam | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | FF | ATE SIGNED |
| 22d PHYSICIAN'S NAME (14PE | County County | 22e ADDRESS | MEDICAL | TERRAL. | I WHERE |

DHMH - 16 60M 7/B4

should be detache MPORTANT: If He

24 FUNERAL DIRECTOR (VRA 15, 4)

FOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY Burial 11/11/85

23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery 23d LOCATION
CITY OR TOWN
Brentwood

P.G. Maryland

MERICA TERRACE UNDERIN

George P. Kalas Funeral Home Oxon Hill, Md. Date REC'D. By REGISTRAR 256, REGISTRAR'S SIGNATURE NOV 1 2 1985

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22775.





George . Films surgeral come Oxon Hill Mc.

billing it postport trates rises; is

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

| | 1 - STATE REGISTRAR | DEPARTM | | EALTH AND MENTAL HYGIE ICATE OF DEATH | NE REG. NO |). | 7 |
|----|---|---|------------|--|--------------------------------|--|--------------------------------------|
| 4 | 1. DECEASED NAME FIRST (TYPE OR PRINT) | MIDDLE | i | AST . | 20. DATE OF DEATH N | MONTH DAY YEAR | 26 HOUR |
| | Thor | mas Will | iam (| Christman, Sr | November 19 | 1985 | 7:01P M |
| | 3. SEX 4. R | RACE | 5. DATE C | | AGE (IN YEARS LAST BIRTH | MONTHS DATE | |
| | / Male | caucasian | 5 | | 59 | YRS. | MIN. |
| 5 | 7a. BIRTHPLACE (STATE OR FOREIGN 7b (Pennsylvania | CITIZEN OF WHAT COUNTRY? | | D A NEVER MARRIED | BALTIMORE CITY OR | | |
| 4 | | NAME OF HOSPITAL, NURSING | WIDOWE | | Prince Geor | | OF BUSINESS OR |
| 1 | | (IF NOT IN SUCH FACILITY, GIVE STREET A reater Laurel B | DDRESS) | The Period of the Control of the Con | TYPE OF WORK FOR MOST OF | WORKING LIFE INDUSTRY | 1 |
| | ■ USUAL RESIDENCE (IF NURSING HOME OF OTH | ER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) | | | | 9110 |
| 5 | Md. Howar | d Laurel | ٧ | 138 INSIDE CITY LIMITS? | 3e.STREET ADDRESS / 9431 Madis | ZIP CODE son Ave. | 20707 |
| 2. | 14. FATHER'S NAME | | | 15. MOTHER'S MAIDEN NAM | | E GEORGE III | |
| | Calvin Calvin | Chris | tman | Minnie | WIDDIE | | DeLong |
| 7 | 160 WAS DECEASED EVER IN U.S. ARMED | | RITY NO. | 17 INFORMANT | ADDRES | SS | |
| 1 | Yes no or unknown) (IF YES, GIVE WA | 163-20- | 7252 | Irma Christ | man same | as 13e | |
| | 18 CAUSE OF DEATH Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C | Y: 0000. | | money fel | lyre | APPRO BETWEE | IXIMATE INTERVAL NONSET AND DEATH |
| | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUENT (b) CONSEQUENT (c) | 7 7 | Allory Disco. | C Serce | | |
| | PART 2 OTHER SIGNIFICANT CON | nditions <u>contributing</u> to d | EATH BUT | NOT RELATED TO THE TERMIN | IAL DISEASE OR COND | OTTION GIVEN IN PART | 10 |
| 1 | IPO. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH (| OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [| |
| 1 | | 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. | Y YEAR | 21c. HOW INJURY OCCURRE | D (ENTER NATURE OF INJURY | Y IN ITEM 18 PART I OR PART 2) | |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | IRM, ETC) | 211 LOCATION STREET | CITY OR TOW | VN COUNTY | STATE |

to little detached for use as MPORTANT 23a BURIAL, CREMATION, REMOVAL (SPECIFY)

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR

27b. SIGNATURE

11/23/85

Nat'1 Momo Pk.

DEGREE

22e ADDRESS

ATTENDING

PHYSICIAN TORECTOR

23d LOCATION Laure1

P.G.

STATE Md

., that (1) (we) last

22c. DATE SIGNED

REGISTRAR 256 REGISTRAR'S SIGNATURE

(our) opinion death accurred on the date and hour and from the causes stated

PHYSICIAN [

22d. PHYSICIAN'S NAME (TYPE OF PRIN

Buria1

220.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive an above, (I) (we) (did) (did not) view the body after death

WD

1 - STATE REGISTRAR

319124

ne funeral director, page 3 within 72 haurs ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| | | | | | | | REG. IN | U. | | | | |
|-----|---------------|--|----------------------------|-------------------------|-------------------------|----------------------------------|--|------------------------|---------------------|--|---------------|--|
| 1 | | CEASED NAME FIRST OR PRINT) | RUTH | | | KLIN | 2a DATE OF DEATH | | 06-85 | Virginia 20722 Street Inia 22030 MATE INTERVAL OMSEI AND DEATH ONSEI AND DEATH STATE that (II (we) lost causes stated SIGNED 7 -81 D 20722 Ia W.Va. | | |
| | | Pemale | 4 RACE Whit | e | July | | 6. AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | | | |
| 7 | | RTHPLACE (STATE OR FOREIGN Country) Connsylvania | U.S.A. | WHAT COUNTRY? | 8. MARRIEI WIDOWE | D NEVER MARRIED DIVORCED | IN 11-06-85 10.50P MRTH 02** 1912 73 YRS 10.50P MRTH 02** 1912 73 YRS 10.50P MRTH 02** 1912 73 YRS 10.50P MRTH 15** 1912 73 YRS 10.50P MRTH 15** 1912 73 YRS 10.50P MRTH 15** 1912 12.60P MRTH 15** 10.50P MRTH 15 | | | | | |
| 4 | SH | TY OR TOWN OF DEATH HEVERLY | PRINCE | GEORGE'S | ADGENE | RAL HOSPITAL | Type of work for most of Food Serv | ON F WORKING LCE | | | | |
| 5 | 13a S | AL RESIDENCE (IF NURSING HOM STATE 13b CC | YTAUC | 13c. CITY OR TOW | N | 13d. INSIDE CITY LIMITS? | | | | 20- | | |
| 4 | | Maryland P. | G. | Brentwoo | od | T. | | ence | Street | 2072 | 2 | |
| Ŋ | 1 | FIRST | WIDOFE | LAST | | | | | | ATH MD. KIND OF BUSINESS OR INVERSITY OF ST VIRGINIA PART 110 PART 21 INTY STATE INTY INTY INTY STATE INTY INTY INTY INTY STATE INTY INTY | | |
| 5 | | Benjamin | F. | Lemley | | | 4000 | r c c | Del | aney | | |
| 1 | | VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES | GIVE WAR OR DATES) | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | 170 | 712 | Orchard | Stre | eet | |
| | | No | | 233-62-8 | 3048 | Jim L. Conkl | in (Son) Fa | airfa | x. Virg | inia | 22030 | |
| | | 18 CAUSE OF DEATH (Enter | anly ane cause per | line for (a), (b), and | d (c) | | | | APPROX BETWEEN | MATE INTER | RVAL DEATH | |
| И | | PART I. DEATH WAS CAL | JSED BY: NATE CAUSE (a) | CAD DIO | REST | PIRATISRU , | ARREST | | 7.50 | 1 7 4 | | |
| П | | IMMEL | | | | , | | | | | | |
| i | | G 100 W | | | | | - | \sim | | | | |
| | | Canditions, if any, which gave rise to immediate | | | | | | | | - | | |
| П | 100 | cause (a), stating the | DUE TO, OI | R AS A CONSEQUE | NCE OF | cardiae fat | MRE | | | | | |
| ii) | | underlying cause last. | (c) | | | | | | | | | |
| | z | PART 2 OTHER SIGNIFICAN | IT CONDITIONS CO | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION | GIVEN IN PART 1 | а | | |
| _ | CERTIFICATION | 19a DATE OF OPERATION | TIN COND | TION FOR WILLOW | ODERATIO | NI WAS DEDECORMED | Tan- ALITORSY2 | 120h 16 1 | VEC WEDE EINIDE | Nes use | | |
| 1 | HC. | 140 DATE OF OPERATION | 198. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 208 AUTOPST | IN CER | TIFYING CAUSES | OF DEAT | H? | |
| | ET. | - 74 4 4 4 4 | | | | | | | | NO [|] | |
| î | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A. | M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 1 | B PART I OR PART 2) | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | | 211 LOCATION | | 7 | | 41.17 | | |
| | ME | WHILE NOT WHILE AT WORK | (AT HOME STR | EET, FACTORY OFFICE, FA | ARM ETC) | | CITY OR TO | WN | COUNTY | S | TAPE | |
| | | 220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did | an 11 - | 6- 198 | , or | | leath accurred an the d | ate and h | | | | |
| | | 22b. SIGNATURE | 500 North | 1 | | DEGREE | | | | | | |
| | | W. | VIVE | | | M. D ATTENDING PHYSICIAN X | DIRECTOR PHYSIC | IAN [] | 11- | 7-8 | 1 | |
| | | SANKARAN | PE OR PRINT) | R M | D | 3717 - 38 | "NE " | REN | stancis, u | 020 | 722 | |
| | | BURIAL, CREMATION, REMOV | 23b. DATE 11/09/ | | | EMETERY OR CREMATORY od Cemetery | 23d LOCATION CITY OF TOWN Morgantov | vn M | fonongal: | | | |
| | 24 🗗 | renois Oasch' | s Sons Fin | | | | REC'D. BY REGISTRAR | | | | | |
| | 1. | 730 Raltimore | Avenue H | Wattewill | le. Mo | 1 20781 | | | | | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

WELDED.

(VRA 15, 4)

337006

| | FOR |
|---|-------|
| - | STATE |
| | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

| 6 | | REGISTRAR | | CENTIFICATE OF DEATH | REG. NO. | |
|------------------------|---|---|--|---|---|-------------------|
| | | CEASED NAME FIRST | H. DA | LAST | November 27, 1985 | YEAR 2b H |
| 1 | 1 | Pemale | 4 RACE White | 5. DATE OF BIRTH October 28, 1900 | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS | DAYS HOUR |
| /god/ | Carolina City ORTOWN OF DEATH Hyattsville | | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF DEATH Prince-Georges | |
| 10 | | | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Sacred He | | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDI | KIND OF BUSIN |
| 35 | 13a S | TATE 136 COUN | other institution give residence before TY 134. CITY OR TOWN B-Georges Laure | ADMISSION) 13d INSIDECITY LIMITS? YES NO | Bestreet Appress / ZIP CODE 16116 Malcolm Drive | 20% |
| 165 | 4 FA | THER'S NAME FIRST John C. | Hoard LAST | 15. MOTHER'S MAIDEN N Frances | AME MIDDLE Garr | last er |
| 1/ | | /AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, G.) | MED FORCES? 166 SOCIAL SECU 219-46-7 | | -son-1905 Charleston | Place 2078 |
| usal, cemation, o | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSEQUE | iclorette UNS culan | MINAL DISEASE OR CONDITION GIVEN IN P | PART II. |
| ere prior to b | THICATION | I 90 DATE OF OPERATION | | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C | FINDINGS U |
| 9 | ICAL CER | PIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | Y YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P | |
| N pind N | MEDICAL | 21d INJURY OCCURRED NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA | 211 LOCATION STREET | CITY OR TOWN COU | YIMI |
| TANT, If mem 21 to the | | sow the deceosed alive on obove, (I) (we) (did) (did not 22b. SIGNATURE |) view the body ofter death. | DEGREE ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | DATE SIGNE |
| | | HONG-LIEE ANY | | 3415 Stamuel | for St Wayates ville of | 12078 |

DATAG . I "Rovember 27, 1985 | C 50,00 100 da constant de la con 12" nge-Jeonges Bo. Carolina ottosend do .out .endl yta-i-leacedte marker open Hysteville x ellivation Place Trancis John U. Hanna 219-46-7281 The second secon

etely filled in by the funeral director, page 3 is a folial be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

7

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFIC

| CATE OF DEATH | REG. N |
|---------------|--------|
| | |

| OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 138. STATE 138. COUNTY Maryland Charles Waldorf 15. MOTHER'S MAIDEN NAME FIRST MODIE John R. Watson Jessie A. Sh 168. Was Deceased Ever in U.S. Armed Forces? (YES, NO GRUMNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH LEnter only one couse per for 10, ib. and 10 PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF UNDERSORD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FIRST DUE TO, OR AS A CONSEQUENCE OF UNDERSORD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FIRST PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FIRST 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. AUTOPSY? 200. BIT YES, WERE 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. BIT YES, WERE 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. BIT YES, WERE 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. BIT YES, WERE 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. BIT YES, WERE 201. STEET ADDRESS / ZIP CODE Rt. 925S. BOX 33 319. CITY OF TOWN HOME TO SHOW THE ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP CODE Rt. 925S. BOX 33 320. STREET ADDRESS / ZIP COD | TH GES MD. ND OF BUSINESS OR STRY JOME 3 20601 |
|--|--|
| 3. SEX RACE S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH DATE YEAR S. DATE OF BIRTH DATE YEAR S. DATE OF DIRECT S. DATE OF MASS TO PROBLEM S. DATE OF WORK TO R. MOST OF WORK TO R. MOST OF WORK TO R. MOST OF WORK TO R. DATE S. DATE OF DIRECT S. DATE OF WORK TO R. DATE OF DIRECT S. DATE OF D | TH GES MD. ND OF BUSINESS OR STRY JOME 3 20601 |
| Female Caucasian Oct. 7 1907 78 YRS. MARRIED NEVER MARRIED PORT TO THE RESULT OF COUNTY OF DE PRINCE GEOMETRY WIDOWED DIVORCED 110 UITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TWE OF WORK FOR MOST O | TH GES MD. ND OF BUSINESS OR STRY JOME 3 20601 |
| Female Caucasian Oct. 7 1907 78 YRS. **BIRTHPLACE (STATE OR FOREIGN COUNTRY)** Washington DC USA WIDOWEDD DIVORCED 18 UNCE GEOR WIDOWEDD DIVORCED 170 USUAL OCCUPATION (IF NOT BURNES) SUPPLY OF THE RESIDENCE HE POR ADMISSION) (IS CITY OR TOWN) OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT BY SUCH FACILITY, GIVE SIBERE ADMESSION) (IS USUAL OCCUPATION (IN PROTECTION OF DEATH COUNTRY) OSUAL RESIDENCE HE POURSING HOME OR OTHER INSTITUTION (IF NOT BY SUCH FACILITY, GIVE SIBERE ADMESSION) (IS STREET ADDRESS / ZIP CODE Rt. 925S Box 33 14 FATHER'S NAME FIRST MODIE ISSUED CITY LIMITS? WAS DECEASED EVER IN U.S. ARMED FORCES? (IF, MOO I MANOWN) (IF YES, GIVE WAS DECEASED EVER IN U.S. ARMED FORCES? (IF, MOO I MANOWN) (IF YES, GIVE WAS DECEASED EVER IN U.S. ARMED FORCES? (IF, MOO I MANOWN) (IF YES, GIVE WAS DECEASED EVER IN U.S. ARMED FORCES? (IF, MOO I MANOWN) (IF YES, GIVE WAS DECEASED EVER IN U.S. ARMED FORCES? (IF, MOO I MANOWN) (IF YES, GIVE WAS DECEASED EVER IN U.S. ARMED FOR IN I.S. ARMED FOR I.S. IN IT INFORMANT 14201 SW NO 18 CAUSE OF DEATH Enter only one couse per into ion, ib ond ic PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF A DECEASED O | MD. MD. MD. MD. MD. STRY Home 3 20601 |
| Washington DC U.S. A WIDOWED DIVORCED RIVER MARRIED WIDOWED DIVORCED RIVER OF WORK FOR MOST OF WORKING LIFE) IND. OSUAL RESIDENCE (IF NURSING HOME OR OTHER RIS HIUTION GUYE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 136. STATE 136. COUNTY 136. CITY OR TOWN 136. STATE 136. STATE 136. COUNTY 136. CITY OR TOWN 136. MATCH STATE ADDRESS / ZIP CODE Rt. 925S. BOX 33 PLANT STATE ADDRESS / ZIP CODE RT. 925S. BOX 33 PLANT STATE ADDRESS / ZIP CODE RT. 925S. BOX 33 PLANT STATE ADDRESS / ZIP CODE RT. 925S. BOX 33 PLANT STATE ADDRESS / ZIP CODE RT. 925S. BOX 33 PLANT STATE ADDRESS / ZIP CODE RT. 925S. BOX 33 PLANT STATE ADDRESS / ZIP CODE RT. 925S. BOX 33 PLANT STATE ADDRESS / ZIP CODE RT. 925S. BOX 33 PLANT STATE ADDRESS / ZIP CODE RT. 925S. BOX 33 PLANT STATE AD | ND OF BUSINESS OR STRY Home 3 20601 |
| Washington DC U.S. A WIDOWERS DIVORCED | ND OF BUSINESS OR STRY lome 3 20601 |
| 18 CITY OR TOWN OF DEATH 11. NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFFO OF WORK FOR MOST OF WORKING LIFE) (IFF NOT BY SUCH FACILITY, CIVE STREET ADDRESS) OSUAL RESIDENCE (IF MURSING-HOME OR OTHER INSTITUTION GUYE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CITY OR TOWN 132. CITY OR TOWN 133. CITY OR TOWN 134. INSIDE CITY LIMITS? 135. STREET ADDRESS / ZIP CODE 136. STREET ADDRESS / ZIP CODE 137. MOTHER'S MAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH IENTER ONLY ON COURSE DEVELOPED NAME 18. CAUSE OF DEATH IENTER ONLY ON COURSE DEVELOPED NAME 18. CAUSE OF DEATH IENTER ONLY ON COURSE DEVELOPED NAME 19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FEINT OR THE MAIDEN NAME 19. DATE OF OPERATION 19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FEIN CERTIFY ING. 19. CONDITIONS CONTRIBUTION OF OWN CHICAGO NAME OF THE MAIDEN NAME OF | ND OF BUSINESS OR STRY lome 3 20601 |
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| Maryland Charles Waldorf YES TR NO Rt 925S Box 33 14 FATHER'S NAME FIRST MODIE LAST IS. MOTHER'S MAIDEN NAME FIRST MODIE LAST SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PROPERTING OF STREET OF STREET MODIE STREET MODIE FIRST MODIE | |
| FATHER'S NAME | |
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| A SOLUTION TO COMPANY OF STATE | |
| A CONTRACTOR OF | |
| A CONTRACTOR OF | USES OF DEATH? |
| A CONTRACTOR OF | |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 71e. PLACE OF INJURY 711 LOCATION | NO 🗌 |
| 214 INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION | NO 🗌 |
| (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COL | NO 🗌 |
| A WHILE NOI WHILE AT WORK AT AT WORK | NO [] |
| 220.1 certify that (1) (this haspital) attended the deceased from 09-01, 19-81, to 8-11-6-, 19-81 | NO [] |
| sow the deceased alive an | NO [] |
| abave, (1) (we) (did) (did not view the body alreadeath. 22b. SIGNA URE 270. | NO TY STATE Ty Sta |
| ATTENDING MEDICAL STAFF | NO TY STATE Ty Sta |
| PHYSICIAN DIRECTOR PHYSICIAN | NO TY STATE Ty STATE |
| ABULHASAN ANSARI M) 22e ADDRESS 5926 Woodyand Re | NO [|
| TOYLITTOMIN TOUTH MY CLINTON MON 2017 | NO [|

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior

MPORTANT: If Hem 21 is

ATTENDING PHYSICIAN: The

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 11-7-85

Huntt Funeral Home

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION City or town

COUNTY

STATE GANGATE REC'D. BY REGISTRAR 256. REGISTRAR SSIGNATURE

ADD Ps. 0. Box 156 aldorf. Md. 2060]

Waldorf.

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320216 DARTHER COL Fedalo Cencasian dt. 7 1987 78 hacking ton Dd, U-8.4. and recommend to the second se Paryland (Clarkes Valcoit text ns. 3255, Cox 325 -- 20055 dohn S. Watuon Passis ... Shire 14:01 07 05:01 14:01 07: とこのできませい。 日本 CHANGE INCOME COLOR Market March 2007 STELL DE MARKET MARKET MARKET Tuestal 21-7-85 Trinity Ham, Sidne Caldorf - Class. Std. Himset Function Mardons; No. 20501 818 OF BELLEVILLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN F MONTH (TYPE OR PRINT) ESTI-Creorge DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White Feb 7,1932 DEAD 53YRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF MARRIED NEVER MARRIED USA Prince George's X Maryland WIDOWED DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Maryland U S Gov't Investigator USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISTING 13h COUNTY 13ª CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 20613 Prince Geo Brandywine NO Maryland 7625 rive Earnshaw Dr 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME George Washington H. Clada Elnora 68. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1166 SOCIAL SECURITY NO 1802 Foxdale Court (YES, NO, OR UNKNOWN) Yes Special Ser 578-40-1902 Mark Davis Crofton, Md 21114 CAUSE OF DEATH (Enter only one couse per life for (o), (b), and (c) PART I DEATH WAS CAUSED BY: eus Minotes Centro Vascula TO, OR AS A CONSEQUENCE OF Conditions, if ony which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a, DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OR TO BURI NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.1. WHILE CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Notural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) Augusto P Rodriguez, M.D. ADDRESS_ 5009 Rayburn Ct., Temple Hills, Md 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY SPECIFY) Marie Suitland 26Nov85 Cedar Hill Cemetery Burial 07/84 25M 24 FUNERA PRECIOR E Wilhelm RESS 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Funeral Home Suitland, Md (VR A15 ME (5))

STATE OF MARYLAND

And an Albert State of the Contract of the Con The state of the s

| | 1- | STATE REGISTRAR | 88-C8# | MEI | DICAL EX | AMINER'S | CERTIFICATE O | F DEATH REG. | 1 0 | |
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| 330036 | | CEASED NAME | FIRST | | WIDDLE | | LAST | 20 DATE KNOWN | | 26. HOUR |
| 沙漠山地山 | 100 | A DESCRIPTION OF THE PERSON OF | Oliver | | | | avis Jr. | OF ESTI- DEATH MATED | □ 11 - 8 1985 | M |
| 一人可能。 | 1. SE | X. 4. RA | | DATE OF BIRTH | | | NDER TYR. IF UNDER | 24 HRS. 2c. DATE MIN. PRONOUNCED | MONTH DAY YEAR | 2d HOUR 8:00 |
| S S S S S S S S S S S S S S S S S S S | 1 | Male I | Black | May 19. | 1963 | 22 YRS. | THS DAYS HOURS | DEAD DEAD | 11-8 ,85 | p. M |
| A STEEL / | Mo. t | RTHPLACE ISLANE O | | CITIZEN OF WH | | 2 1 | RIED NEVER MARRI | 9 BALTIMORE CITY | OR COUNTY OF DEATH | |
| DAN SERVICE | 11 | Vashingtor | DC. | USA | | WIDO | WED DIVORC | | eorge's Count | У, мо. |
| AAY IS THE P | 100 | Vashingtor | HTA | 1. NAME OF HOS | | NG HOME, OR OT | HER INSTITUTION | 120 USUAL OCCUPATION (T | PEOF WORK 12b. KIND OF BU OR INDUST | |
| ADA HA | | Cheverly | | Prince G | eorge's | s General | Hospital | Dishwasher | Pvt. Co | |
| P GENERAL | | AL RESIDENCE (# IN) | THE COUNTY | OTHER INSTITUTION, GIV | E RESIDENCE BEFO | | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | UCKI | 44 |
| AN A | / | DC. | | | Washi | | YES NO | 3646 Warder S | T. N.W. | / |
| MD H | THEF | ATHER'S NAME | The second | AIDDLE | LAST | | 15. MOTHER'S MAIDE | N NAME MIDDLE | LAST | |
| AN PER M | 11 | Oliver | | | | vis Sr. | Beulah | M. | Flythe | 100 |
| THAN THE TANK | 160 | WAS DECEASED EVE res, no, or unknown) | R IN U.S. ARME | | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | ADDRE | SS | |
| A SOUTH ON THE STATE OF THE STA | / | No | | | 577-9 | 6-9627 | Beulah Da | vis-3646 Warde | | |
| T N 8 8 1 | 1 | 18 CAUSE OF DE | ATH (Enter only o | one cause per line | far (a), (b), an | d (c).) | TO A NOT | | APPROXIMAT BETWEEN ONSE | E INTERVAL T AND DEATH |
| PRESTON ST ITHIN 24 HO CIL IN ITEM I VER ALCING ANSIT PERM AL HYGENE REMOVAL | V | 19150 | IMMEDIATE | CAUSE (a) MU | | Injuries | 3 | | | |
| BIN STATE | 1 | Condition | anu ushish | DUE TO, OR | AS A CONSEC | DUENCE OF | | | | |
| 2. 多年以外 经税 | | Conditions, if | immediate | (b) | | | | | | |
| SAM WEN | | lying couse la | | DUE TO, OR | AS A CONSEC | QUENCE OF | | | | |
| S, 26 | | | | (c) | | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. FR. THIS CERTIFICATE SHOULD BE EXECUTED WATE, WRITING THE WORD "PENDING" IN PEN ORWARDED TO THE CHIEF MEDICAL EXAMINE FOR EAST SHOULD BE USED AS A BURIAL - THE STATE DEPARTMENT OF HEALTH AND MEN UP. 21201 PRIOR TO BURIAL, CREMATION, OR | z | PART Z OTHER SIGNIFIC | ANT CONDITIONS COL | NTRIBUTING TO DEATH I | BUT NOT RELATED | TO THE TERMINAL DISEA | SE OR CONDITION GIVEN IN PA | RT 1 to . | | |
| MEC. CRI | MEDICAL CERTIFICATION | 19a, DATE OF OPE | RATION | TION CONDIT | ION FOR WH | ICH OPERATION V | VAS PERFORMED? | | 20 AUTOPSY | 12 |
| IAL SIAL | | | | 176. CONDI | IOITI OK WII | ICH OF EKATION I | VAS FERI ORMED: | | | |
| FVI PROPERTY. | E | 21e. EXTERNAL CA | USEWAS | 21b. TIME OF | INJURY ADI | orox. Dich | IOW INJURY OCCURRE | D LENTER NATURE OF INJURY IN ITEM | YES X | NO 🗌 |
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| S CE | N N | | WORK XX | | ORY, FARM, ETC.) | 1 | STREET | CITY OR TOWN | COUNTY | STATE |
| E, WA | | | | | eet | | | itland Road, Su | eorge's Co., | |
| A S S S S S S S S S S S S S S S S S S S | 1 | | ^ | of the remoins dea | / | | osy XX, Inspection | | and in my apinion | na. |
| A STAN | 6 | death resulted for | Sm. Natural | couses | Hident X | , suicide | Homicide (| Undetermined monner | , | |
| A SOUTH AND THE SECOND AND THE SECON | | ACTUAL A | elleri | 1000 | Sull. | 20400 | TIME (SPECIFY) | MEDICAL EXAMINER | DATE 11-9-8 | 25 |
| SH SH | 7 | SIGNATURE | - July | 100 | 0 | 200 | AD BOSTOCHI | MEDICAL EXAMINER | SIGNED |),, |
| FINE TO WE | 4 | (TYPE OR PRINT) | E Denn | is F. Sm | yth, M | .D. | ADDRESS 111 | Penn St., BAlt | o., Md. 2120 |)1 |
| TO MEDICAL EXAMINER: BECUTTHE CRETIFICATE BECUTE A SHOULD BE FOR TO FUNEAL DIRECTOR: AFTER DEATH, THE THE SHOULD BE ARTHORY OF THE SHOULD BE SHOUL | 23a. E | URIAL, CREMATION | | DATE | 23c. NAM | AE OF CEMETERY | | 23d LOCATION | COUNTY S | |
| 944 BP44 | | Burial | 1 | 1-14-85 | Was | hington] | Vational | Suitland | P.G. Md. | TATE |
| DHMH - 17 | | UNERAL DIRECTOR | | ADDRESS | | ington, I | 25 DATE P | REC'D. BY REGISTRAR 256 REG | GISTRAR'S SIGNATURE | |
| (VR A15 ME (5)) | Rol | pert G. Ma | son F.H | | ood Ho | oe Rd. S. | E. NOV 19 | 100 June De | ridson-Aandelle | |

iste white the day 19, 1963 22 World no on DO. Park St. 18 Worldow Did 19 19 19 no - name av edful defun-. Walland A.H. a zobyne odd jegivett ngla

Unriel ... t-1-5 | Maridmeton ... innul. | Salidmeton ... 100. ... 100. | Salidmeton ... 100. ... | Salidmeton ... 100. ..

FOR - STATE REGISTRAR DECEASED NAME

To BIRTHPLACE (STATE OF

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND

| | DEPARTA | MENT OF HEALTH AN | D MENTAL HY | REG. | NO. | | | |
|----------|---------------------------------|-------------------|----------------|---------------------------------|---------|-----------------|----------|------|
| LEE | ROV | DAX | | 20. DATE OF DEATH | моитн п | 588 | 26000 | EP M |
| | 4 RACE | 5. DATE OF BIRTH | | 6. AGE (IN YEARS LAST | | IF UNDER I YEAR | IF UNDER | |
| | White | April 2 | 1919 | 66 | YRS. | NONTHS DAYS | HOURS | MIN. |
| FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | R MARRIED | 9 BALTIMORE CITY | | - | | 1.7 |
| D.C. | U.S.A. | MARRIED LI NEVE | DIVORCED [| PRINCE | = GE | CORGO | Es | MD. |
| ATH | M. NAME OF HOSPITAL, NURSIN | | NSTITUTION | 12a USUAL OCCUPA | | 126. KIND O | BUSINE | SSOR |
| N | South-ern | na Hosi | JATIC | Huckster-F | | Produ | ce | |
| 134 COUN | Contract of the contract of the | N 13d INSID | E CITY LIMITS? | 13. STREET ADDRESS 6028 Lear | | | 72 | |
| дитисе | George opper Ma | | ER'S MAIDEN NA | | rey mu | • | | |
| | MIDDLE DAY | | mma. | WIDDLE | | Grif | fith | 1 |

| Wa | shington. | D.C. | U.S.A | WIDOWI | DIVORCED | 1 KINCE | GEORGES | M |
|----------------|---|---|-----------------------------------|---|-----------------------------|---------------------------------|--|----|
| 10 CI | TY OR TOWN OF DEA | TH | | HOSPITAL, NURSING HOME (| OR OTHERMINISTITUTION | 12a USUAL OCCUPATION | | OF |
| _e C | LINTOI | V | | 1-ERN Md | JATIGZOH | Huckster-Re | | |
| | TATE | 131 COUNT | Y | GIVE RESIDENCE BEFORE ADMISSION) 13(CITY OR TOWN Upper Marlbo: | 13d Inside City Limits? | 13. STREET ADDRESS / 6028 Leap] | | |
| 14. FA | WILL | м | IDDLE | Day | 15. MOTHER'S MAIDEN NA Emma | MIDDLE | Griffith | |
| | VAS DECEASED EVER VES NO OR UNKNOWN) NO | | | 166 SOCIAL SECURITY NO. 578-24-5741 | 17 INFORMANT Paulette Far: | | loan Lane Le Hills, Md. | |
| | PART I. DEATH W | H (Enter only AS CAUSED IMMEDIATE | pne cause per BY: CAUSE (a) | CARDIA / | PREST | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA | TH |
| | Conditions, if any, | | DUE TO, OI | AS A CONFEQUENCE OF | LERONC CA | PED LO VASCU | car Disease | |
| | couse (a), statin underlying couse | g the | DUE TO, OI | RAS DONSEQUENCE OF A | now ETA | MNOLISM | | |
| CATION | | JOLIC | | AN NS | NOT RELATED TO THE TERM | AINAL DISEASE OR CONI | DITION GIVEN IN PART 11a | |
| TIFICA | 19a DATE OF OPERAT | NOI | 19b. CONDI | TION FOR WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES NO NO | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | |

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that his hospital) attended

saw the deceased olive on, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the badwafter death 22b. SIGNAT

SULT ING ATTENDING DIRECTOR PHYSICIAN PHYSICIAN ...

22e ADDRESS

11/8/85

236 DATE

23a. BURIAL, CREMATION, REMOVAL Burial

Cedar Hill Cemetery

Suitland P.G. Maryland

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

morked or

MPORTANT

Should be detached for us with the State Dept. of He

(VRA 15, 4)

BP.

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE George P. Kalas Funeral Home Oxon Hill, Md.

INTSIGN OF VITAL RECORDS

IMORE, MARYLAND 21201

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Rurini 119/89 Cedar Hill Ceretery Suitland .G. Nuryland General P. S. Karyland General Runner Communication of the Park Co

STATE OF MARYLAND DEPARTMENT OF HEA CERTIFIC

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| 1 | ATE | OF | DEATH | BEC 1 |

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|---------------|---|--|---------------------------------|--------------------------------|---------------------------|-------------------|---------------------|-----------------------------------|
| | CEASED NAME ORPRINT) | HELEN | E. DEBOARI |) | 20. DATE OF DEATH | 11-09 | | 1 47PM |
| | | | | | | | | M |
| 1. SE | X | 4 RACE | 5 DATE MON | OF BIRTH TH DAY YEAR | 6. AGE (IN YEARS LAST BIR | | ONTHS DAYS | HOURS MIN. |
| | Female | Cauc. | | 9/1908 | 77 | YRS. | | |
| | RTHPLACE (STATE OR FOR | FIGN 76. CITIZEN OF | WHAT COUNTRY? 8 | ED NEVER MARRIED | 9 BALTIMORE CITY O | |)F DEATH | |
| | Wash., D.C | U.S. | | | PRINCE GEO | RGE | | MD |
| _ | ITY OR TOWN OF DEATH | 1 11. NAME OF | HOSPITAL, NURSING HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPATI | | | OF BUSINESS OR |
| CH | EVERLY | PRINCESU | georges "Gener | AL HOSPITAL | (TYPE OF WORK FOR MOST C | | 142000 | -22 |
| usU. | AL RESIDENCE (IF NURSING | HOME OF OTHER INSTITUTION | GIVE RESIDENCE BEFORE ADMISSION | 1 | Housewif | <u>e</u> | Own | Home |
| 130. 5 | STATE 13 | b. COUNTY | 13c. CITY OR TOWN | 136 INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | 111 | 115 |
| - | Maryland | P.G. | Bowie | YES NO | | rlite | Lane | |
| 14 FA | ATHER'S NAME FIRST | WIDDLE | LAST | 15 MOTHER'S MAIDEN NA | WIDDLE | | LAS | ST . |
| - | Michael | | Buckley | Flore | nce E | | Co | oke |
| | VAS DECEASED EVER IN | U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) | 166 SOCIAL SECURITY NO. | 17 INFORMANT | 1 2007 | Star. | lite | Lane |
| 2 | No | II TES, OTTE WAR OR DATES! | 577-62-9626 | Delores He | | | | 20715 |
| | IE CAUSE OF DEATH | Enter only one copus per | may a | // | 1 1 | | | MATE POTENTAL ORIGIT AND DEATH |
| E | PART I. DEATH WAS | CAUSED BY: | MANATIA | Willmanau | MANONE | | | |
| 1 | | | | -11 | Or all | | | |
| Mg. | Condition of the | 1,770,000,000,000 | PAS A CONSEQUENCE OF | SHOT MI | | | 100 | |
| 120 | Conditions, if any, w gove rise to immed | diate | 2010-10 | sport, | -/ | | | |
| 13. | underlying couse | the DUE TO, 9 | AS A CONSEQUENCE OF | 1 NoutT | The USE | | 10791 | |
| 130 | | (0) | Misanim | fray je | viva. | 4 | | |
| z | PARTIZ OTHER SIGNIF | ICANT CONDITIONS CO | ONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERM | AIN ALDISEASE OR SON | DITION GIVE | NON PART 1 | 0 " |
| 5 | seruis | 1 angul | 118617 | Commen | I Wille | wice | and | 0 - |
| CA | 19a DATE OF OPERATIO | IN 196 COND | ITION FOR WHICH OPERATION | ON WAS PERFORMED | 20a AUTOPSY? | IN CERTIFY | WERE FINDING CAUSES | NGS USED OF DEATH? |
| CERTIFICATION | | / | | | YES NO | YES | | NO 🗆 |
| 쁑 | 21a. ACCIDENT WAS UNDER | 110110 | FINJURY M. MONTH DAY YEAR | 211. HOW INJURY OCCUR | RED (THIER WATURE OF IN | ET IN ITEM IS PAR | H I OR PART 2) | 75 |
| A | OR CONTRIBUTING CAL | SE OF DEATH | M. 19 | | | | | |
| MEDICAL | 21d INJURY OCCURRED | 21e PLACE | | 211 LOCATION | con on to | 200 | countr | |
| Σ | ILE NOT WHILE | [AT HOME STI | REET, FACTORY OFFICE FARM ETC | SHEET | - W | 2 | COUNTY | STATE |
| | | nis hospital) attended th | e defeased from | when 4 10 8 | S . Noven | 1019 | 85 | that (I) (wa) last |
| | sow the deceased | alive on Alanes | 1h014 10 85- | and that in (my) (our) opinion | death accurred on the de | ote and hour | and from the | couses stated |
| | 72h SIGNATURE | (did not) yrew the body | ofter deoth. | DEGREE | | | 22c. DATE | |
| | 11to. | 1.1.111 | , allana | ATTENDING | . MEDICAL _ STAT | FF | III. DATE | Tic Ka |
| | ANIM ! | · LAMA | NUVIII | PHYSICIAN [| DIRECTOR PHYSIC | IAN 🗌 | 1// | 1/0/85 |
| 1 | THE PHYSENAN SWAM | E (TYPE OR PURTY) | 1 | 22e. ADDRESS 5 7// | 5/TK1/15 / | ve. S | 1117 | + 227 |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL SEMATION, REMOVAL

Burial

23b DATE

9013 Annapolis Rd.

1/13/85

Ft. Lincoln 4 FUNERAL DIRECTOR endon/Hale Lanham, Funeral Home

NAME OF CEMETERY OR CREMATORY

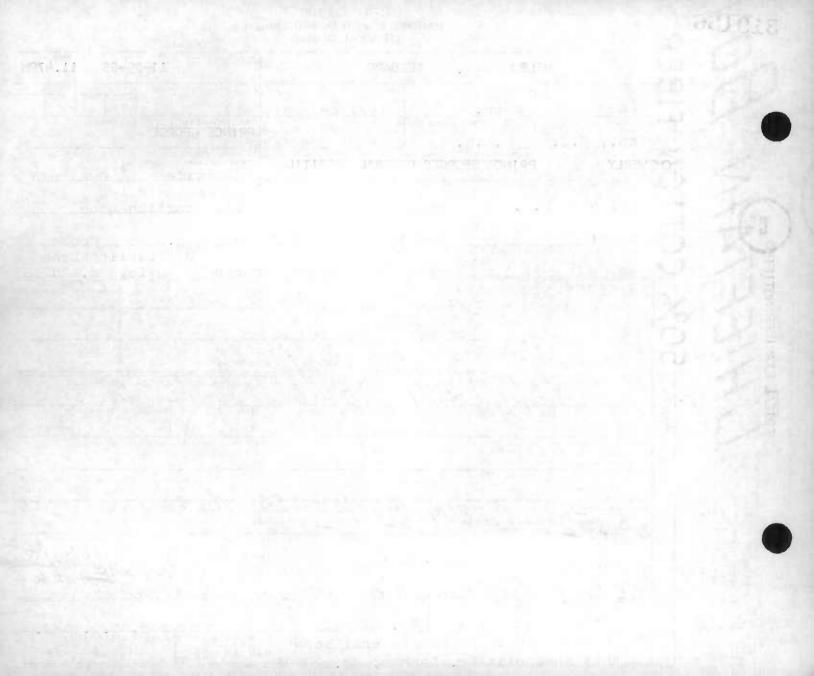
LETOCATION COT OF TOWN

COUNTY

STATE

250. DATE REC'D. BY REGISTRAR 256. REG. TRAR'S SIGNATURE 1985

-- without - pirmine



| 324022 | 2 | 4 | STATE | DEPA | | ALTH AND MENTAL HY | GIÈNE | 5 2 0 | |
|--|---------|---------|--|---|-------------------------------|--------------------------------|------------------------|--|---|
| | 1 | DEC | REGISTRAR EASED NAME FIRST | MIDDLE | CEKTIFIC | TATE OF DEATH | REG. N | MONTH DAY | YEAR 26. HOUS 3 |
| y be deceta | 6 | (Type o | Joseph | C. | Dia | 1 | | -14,19 | 85 9 AM |
| 1 | 3 | SEX | Mas. | 1. RACE | S. DATE OF | DAY YEAR C | 6 AGE (IN YEARS LAST B | RTHDAY) IF UND | DER LYEAR IF UNDER 24 HRS S DAYS HOURS MIN. |
| Peg ft | 1// | | THPLACE (STATE OR FOREIGN DUNTRY) | 76. CITIZEN OF WHAT COUNT | 8 XX | □ NEVER MARRIED □ | 9. BALTIMORE CITY | 11.0. | EATH |
| r deal | 2/ | | YOR TOWN OF DEATH | U.S.A. | | | DV NC4 | | KIND OF BUSINESS OR |
| The track | 10 | 7 | ANham Mo | | rdans | Vursing Ho | THE PRINTE | P_ IN | U.S. GOV'T, |
| 24 Po | 14 | 13e. S' | RYLAND P.G. | ITY 13c CITY OR 1 | efore admission) OWN RROLLTON | 3d. INSIDE CITY LIMITS? YES NO | 13e.STREET ADDRESS | ZIP CODE | PKNV /2078 |
| CALLET. | | | HER'S NAME FIRST | MIDDLE LAST | CRUCCA | 5 MOTHER'S MAIDEN NA | MIDDLE | 1 | LAST |
| 24/ | 8/ | | AS DECEASED EVER IN U.S. ARA | | ECURITY NO. | 7 INFORMANT | UNKNO | WN RESS | |
| TIMO | // | {YI | | NE 215-4 | 4-8518 | JOSEPH C. | DIEHL JR | (son) SA | ME AS #13. |
| T., BAL physic nevel: | Trues | | 18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED | ly one cause per tine for (a), (b D BY: E CAUSE (o) | liac | arrest | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| orbon corbo | metic 4 | | | | QUENCE OF | e Carolini | lean Carlos | 1250 | |
| TRES The discembre emotion | 7024 14 | | Canditions, if any, which gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSE (b) JUPE DUE TO, OR AS A CONSE (c) CONSE | COLLENCE OF | Carono | 4. | an succe | |
| s that ed by please rial, or | 00.00 | | underlying cause last. | | | | | | |
| RDS, | 1 | NOI | PART 2. OTHER SIGNIFICANT C | cetton, | De Cu | hitesul | en uni | vary De | uctanfecho |
| L RECC | 4 | 꾶 | 9a DATE OF OPERATION | 196 CONDITION FOR WE | IICH OPERATION | WAS PERFORMED | 206 AUTOPSY? | 206. IF YES, WER IN CERTIFYING YES | RE FINDINGS USED CAUSES OF DEATH? |
| MAN. The shape of | 9 | CERT | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | LIGUE A M. MONITH | DAY YEAR | 21c HOW INJURY OCCUR | | | |
| ON O ON O | 2/ | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | 21e. PLACE OF INJURY | 19 | 211 LOCATION STREET | CITY OR T | OWAL (1) | OUNTY STATE |
| Miles of the color | payou | × | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OF | 100- | | - 11 - | 14 | 95 |
| TIEND Parties of Head | 2 16.0 | | 22a I certify that (I) (this hospit sow the deceased alive on above, (I) (wer (did) (did not | 11-1-1 | | that in (my) (our) opinion | death occurred on the | date and hour and | that (I) (we) last from the causes stated |
| Disection of the control of the cont | , ha | | 22b. SIGNATURE | ander. | D | ATTENDING | MEDICAL ST | AFF | 22c. DATE SIGNED |
| OSPITA and by 1 UNERAL Id be de the Stath | 7 | | 22d. PHYSICIAN'S NAME (TYPE OF | R PRINT) | | PHYSICIAN [| DIRECTOR PHYS | #222 | 419185 |
| TO HOS reduned TO FUN should it | 80/ | 73a BI | Dr. Arora. DRIAL, CREMATION, REMOVAL | Rakesh, N | D. | 14300 Gall | 1234 LOCATION | a. Bow | ie, Mal 2011 |
| ВР | | | BURIAL | Nov. 18. 1985 | GATE OF | HEMEN CA | CITY OR TOWN | LING MONT. | Co. MARYIAN |
| DHMH - 16 50M 4/ (VRA 15, 4) | 83 | 24 FU | NERAL DIRECTOR | the Puba | iss A | AGUALA NOV | TE REC'D. BY REGISTRA | RIZSH REGISTRAR'S | SIGNATURE |
| ,, | | 219 | TIDELS I MNEXAL | TUNE NICH | isce, " | THUM | 10 300 | | |

Street C Diani Diani 188 94 FEBRUARY OF STATE OF A CANAL OF THE ACTION Garage Market Description of the Company of the Com I were (West at award to move the court state of the Tarres Solder Course Deliver the the country of the way he charge 22 Ht-11 28 101-01 16121 STATE TO THE STATE OF THE STATE De Averes Laketh At 1986 and Note he pour se perus Melecket BUCKES OF SERVICE SERVICES OF THE SERVICE SERVICES OF THE SERV Marie Committee of the Committee of the

338156

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | | CERTIF | ICATE OF | DEATH | | REG. NO. | | | | |
|---|--------------------------|--------------------------|-----------|----------------|---------------------|--|------------------------------|---------------|-------------------|----------|------------------|
| 1 DECEASED NAME FIRST | | MIDDLE | | AST | | 20 DATE OF D | EATH MONTH | DAY | YEAR | 2ь. но | UR |
| (TYPE OR PRINT) | E. | DI | GGS | | | | 11 | 18 | 85 | 6 | 14PM |
| 3. SEX | 4 RACE | | 5 DATE (| | YEAR | 6 AGE (IN YEAR | S LAST BIRTHDAY) | IF UN | DER I YEAR | IF UNDE | ER 24 HRS |
| Female | Black | | | lv 4 | 1894 | 91 | Y | RS. | | | 11.11.11 |
| TO BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | | MARRIED - | | CITY OR COL | | | | |
| | USA | | WIDOW | | IVORCED [| PRIN | CE GEOR | GE'S | COUN | TY | MC |
| O CITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INS | MOITUTION | 120 USUAL OC | CUPATION OR MOST OF WORKI | | B. KIND O | F BUSIN | LESS OR |
| CHEVERLY | PRIN | CE GEORGE | 'S GE | NERAL | HOSPITA | | maker | NO CIPE III | DUSTRI | | 1 |
| USUAL RESIDENCE (IF NURSING HOME () 130. STATE 13b. COL | OR OTHER INSTITUTION | 130 CITY OR TOW | | 13d. INSIDE | CITY LIMITS? | 13e.STREET AD | DRESS / ZIP C | ODE | 1 | 1 | 11/1 |
| Maryland P | G | Oxon H | ill | YES 🗌 | NO 🗌 | | Owens | Road | 1 8 | 01 | 1) |
| II FATHER'S NAME | WIDDLE | LAST | | 15 MOTHER | S MAIDEN NA | | MIDDLE | | LAS | T. | |
| Bud Fleet | | | | Kat | therin | e Bell | | | | | |
| 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORM | ANT | n.a | ADDRESS | | | 100 | |
| no | JIVE WAN ON DATES! | 220 1 | 2 26 | 6 F: | rancis | Holme | s-gran | dsor | 180 | 1 A | ddis |
| 18 CAUSE OF DEATH (Enter of | | r ligeror (a), (b), and | d (c).) | 1 | 1 1 | 00 | | | APPROXI | MATE INT | ERVAL IDDEATH |
| PART I. DEATH WAS CAUS | SED BY: ATE CAUSE (0) | anci | non | ma f | Lend | 8/ Cm | none | -5 | | | a |
| | DUE TO, C | R ASA CONSEQUE | NCE OF _ | 4 | 1 | h - | | | | | TE U |
| Conditions, if any, which | (b) | 1)00 | rue | lung | Jam | large | | | | | |
| gove rise to immediate cause (a), stating the | DUETO | R ASIA CONSTQUE | NAM | 0 | 1 | <u>^</u> } | | | | | |
| underlying cause lost | (6) | Charle | Ch | lecul | so ul | in | | | | | |
| PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATE | TO THE TERM | AINAL DISEASE | OR CONDITION | GIVEN IN | PART 1 | 0 | |
| o l | | | | | | | | | | | |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. COND | ITION FOR WHICH | OPERATIO | N WAS PERF | DRMED | 20a AUTOP | | F YES, WE | RE FINDING CAUSES | GS USI | ED ATH2 |
| E L | | | | | | YES _ n | 10 X | YES | CAUSES | NO [| |
| 210. ACCIDENT WAS UNDERLYING | | | AY YEAR | 21c. HOW II | VJURY OCCUR | RED (ENTER NATU | RE OF INJURY IN ITEM | A 18 PART I | OR PART 2) | | |
| OR CONTRIBUTING CAUSE OF D | ENIH | .M. | 19 | | | | | | | | |
| (IF EITHER NOTIFY MEDICAL EXAMIN | | OF INJURY | | 21f LOCAT | | | ITY OR TOWN | | COUNTY | | STATE |
| WHILE NOT WHILE AT WORK | AT HOME ST | REET, FACTORY, OFFICE, F | ARM ETC) | JINE | | | 1 | | | | STATE |
| 220.1 certify that (1) (this has | pital) attended th | deceased from | | | _, 19 6 2 | to | 11/18 | | 55 | that (1) | (we) tast |
| sow the deceased alive a above, (4) (4e) (did) (did- | | 19 & | 5.,0 | nd that in (my |) (por opinion | death occurred | on the date and | hour and | from the | couses s | tated |
| 22b. S/G/A7/07E | HOT WIEW THE BOOK | difer death. | | DEGREE | | | | 1 | 27s DATE | SIGNED | / |
| 1 (1/V) 1 (18) | 4 km | (1/2 a | | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF | | 11 / | W | 15 |
| 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | 7,10,1 | | 22e ADDRE | | The court of the c | THISICIAITE | | pper | Ма | rlb |
| A. Clark Ho | lmes.Mo | đ. | | 1431 | 4 Old | Marlbo | ro Pil | | | | |
| 230 BURIAL, CREMATION MOVA | | | NAME OF C | EMETERY OR | CREMATORY | 23d. LOCATI | | - 111 | TAT | ano | |
| Burial // | Mon. | Alow 25 | 5. 19 | - Table Table | | ection | Cemet | erv | C1 + | into | STATE On . M. |
| 24 FUNERAL DIRECTOR | 11/ | 1011- | 101 | 1-11 | 25a DAT | | GISTRAR 25b. RE | | | | J11 , 1º1 |
| Stewart Fund | al Ho | me-4001 | Berti | ing | THE O | 2 005 | del Ke | - | المركة | - | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 shows any

page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

| | CEASED NAME FIRST | MIDDLE | L | AST | 20. DATE OF DEATH | MONTH | DAY | YEAR | 26 HOUR |
|-----------------------|--|--|---|---|--|--|---|-----------------------------------|---|
| | Mary | P. | | xon | | 11 | 6 | 85 | 6,24 \$ |
| 3. SE) | X | 4 RACE | 5. DATE C | DAY YEAR | 6 AGE (IN YEARS LAST BIR | RTHDAY) | MONTHS | DAYS | HOURS MIN. |
| 4 | Temale | Caucasian | | lary 20,1915 | 70 | YRS | | | |
| (| IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTR | Y? 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY C | OR COUN | TY OF D | EATH | |
| | shington, D.C. | | WIDOWE | | Prince Geo | | | | MD |
| - | llege Park | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 9316 Cherry Hi | EET ADDRESS) | Apt. #2 | 126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Mail Cler) | OF WORKING | LIFE IN | red: | of Business or |
| 130. S Ma | ryland Pri | or other institution give residence ber UNITY 13t. CITY OR TO 10e George Colle | NWC | | 13e STREET ADDRESS 9316 Cherry | / ZIP CO | DE RO | l. 7 | 20740 #2 |
| | ATHER'S NAME FIRST | MIDDLE Kalaviti | nos | Jenny | MIDDLE | | | | ribis |
| () | WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES. | ARMED FORCES? 16b. SOCIAL SE GIVE WAR OR DATES) 579-24 | | Judith Dixon | 9316 Cherr College | ry Hi Park, | 11 F Md. | ld. | |
| | 18 CAUSE OF DEATH (Enter | only one couse per line for (a), (b), | and ic.1 | Carcina | | 1 | | APPROX | MATE INTERVAL |
| | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEG | QUENCE OF | | | | | | |
| FICATION | gave rise to immediate cause (a), stating the underlying cause last | (b) | QUENCE OF | | 200 AUTOPSY? | 20b. IF Y | YES, WER | E FINDI | NGS USED 5 OF DEATH? |
| CAL CERTIFICATION | gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN | DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FOR | OUENCE OF O DEATH BUT CH OPERATIO | | 200 AUTOPSY? | 20b. IF Y | YES, WER TIFYING YES [| E FINDI | NGS USED |
| MEDICAL CERTIFICATION | gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FOR | O DEATH BUT CH OPERATIO DAY YEAR 19 | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF Y IN CER | YES, WER TIFYING YES B PART I OI | E FINDI | NGS USED 5 OF DEATH? |
| | gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETIMER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a, I certify that (1) (1hm he saw the deceased alive | DUE TO, OR AS A CONSECTION OF TO CONDITIONS CONTRIBUTING TO TO CONDITIONS CONTRIBUTING TO TO CONDITION OF THE CONDITION OF TH | O DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM EIC) | N WAS PERFORMED 21c. HOW INJURY OCCURI | 200 AUTOPŠY? YES NO RED (ENTER NATURE OF INJU | 20b. IF Y IN CER | YES, WER TIFYING YES B PART I OI | CAUSES CAUSES DUNTY | NGS USED OF DEATH? NO STATE |
| | gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK NOT WHILE ALWORK NOT WHILE ALWORK ALWORK SAW the deceased alive above, (I) (May) reliably icid | DUE TO, OR AS A CONSECTION, OF INJURY HOUR A.M. MONTH P.M. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE) and on the peded the deceased from the peded the peded the deceased from the peded the deceased from the peded the pede | DAY YEAR 19 | 216. HOW INJURY OCCURI 216. LOCATION STREET 19 d that in (my) (euc.) apinian DEGREE ATTENDING PHYSICIAN E | 200 AUTOPŠY? YES NO RED (ENTER NATURE OF INJU | 20b. IF Y IN CER | TIFYING YES PART I OIL | C AUSES C AUSES DUNTY fram the | NGS USED OF DEATH? NO STATE |
| | gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM. 214 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM. 220. I certify that (I) (this he saw the deceased allower (I) was ridded in its cause. (I) was ridded in its cause. (I) was ridded in its cause. | DUE TO, OR AS A CONSECTION, OF INJURY HOUR A.M. MONTH P.M. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE) and on the peded the deceased from the peded the peded the deceased from the peded the deceased from the peded the pede | DAY YEAR 19 19 19 19 19 19 19 19 19 1 | 216. HOW INJURY OCCUR! 216. LOCATION STREET 19 and that in (my) (earl) aprintant DEGREE ATTENDING | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUICATION TO RED CITY OR TO RED CATE OF THE AUTOMATICAL RED CATE OF TH | IN CER JRY IN ITEM I. DWN ate and h | YES, WER TIFYING YES D B PART I OI | CAUSES RPART 2) DUNTY from the | NGS USED OF DEATH? NO STATE that () (we) last couses stoted |

DHMH - 16 60M 7/1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR.

10101

The street of th

Territon 11/3/85 et colitan dres terr sievanéria Vinginia 6100 (ron Hill 86. George : Flar sumeral mone fron Hill 86.

333021

STATE OF MARYLAND

| l | - STATE REGISTRAR | DEPARTA | | CATE OF DEATH | | REG. NO. | | | 6 00 |
|---|---|---|--------------------|-------------------------------------|-------------------------|-------------------|--------------------|------------------------|-------------------------------------|
| 1 | DECEASED NAME FIRST (TYPE OR PRINT) FLOR | RENCE COLEMAN | DO | NALD | 20. DATE OF DE | ATH MONTH | 20 | YEAR 85 | 26 HOUR 8.30P |
| | 3 SEX | RACE | 5 DATE OF | | 6. AGE (IN YEARS | LAST BIRTHDAY) | | DER I YEAR | IF UNDER 24 HRS |
| 1 | | CAUCASIAN | JAN | 24, 1933 YEAR | C/ 1 | 52 YRS | MONT | HS DAYS | HOURS MIN. |
| 1 | COUNTRY | U.S.A. | MARRIED WIDOWED | XX NEVER MARRIED DIVORCED D | 9 BALTIMORE (PRINCE | GEORGES | | | MD. |
| 1 | | OG HOSP TTAL AND | | | 120 USUAL OCC | | | 2b. KIND OI NDUSTRY | F BUSINESS OR |
| 1 | 12. CTATE | THER INSTITUTION GIVE RESIDENCE BEFORE MERY STLVER ST | | 13d INSIDE CITY LIMITS? YES NO P | 13e STREET ADD | RESS / ZIP CO | | OAD | 20906 |
| 7 | 4 FATHER'S NAME FIRST MI | DDIE LAST | 1 731 | 15. MOTHER'S MAIDEN NAM | A4 | IDDLE | | LAST | |
| 1 | EDWARD D. | COLEMA | - | FLORENCE | | L. | | LEN | ITZ |
| 1 | (YES NO OR UNKNOWN) (IF YES GIVE Y | ED FORCES? 16b SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | | | |
| t | NO | 577-44-4 | 1214 | JOHN H. DON | IALD | SAME AS | \$ 13 | | HUSBAND |
| | | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO E | NCE OF | Airmy o | Clusica INAL DISEASE OF | n G | , | N PART 110 | |
| | 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATION | I WAS PERFORMED | 200 AUTOPS | | | | IGS USED OF DEATH? |
| | OR CONTRIBUTING CAUSE OF DEATH | P.M. | Y YEAR | 21¢ HOW INJURY OCCURR | RED (ENTER NATURE | OF INJURY IN ITEM | 18 PART I | OR PART 2) | |
| | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. | ARM, ETC) | 211 LOCATION STREET | ÇI | TY OR TOWN | | COUNTY | STATE |
| | 220.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not) | 11,20 19 | 13 1 one | that in (my) (our) opinion of | deoth occurred or | the date and h | _, 19_ nour onc | C | that (I) (we) lost couses stated |
| | 22b. SIGNATURE | 11/1/ | D | EGREE | MEDICAL | STAFF | | 22c. DAJE S | SIGNED |

BP DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or should be detoched for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

23a BURIAL, (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

23d LOCATION

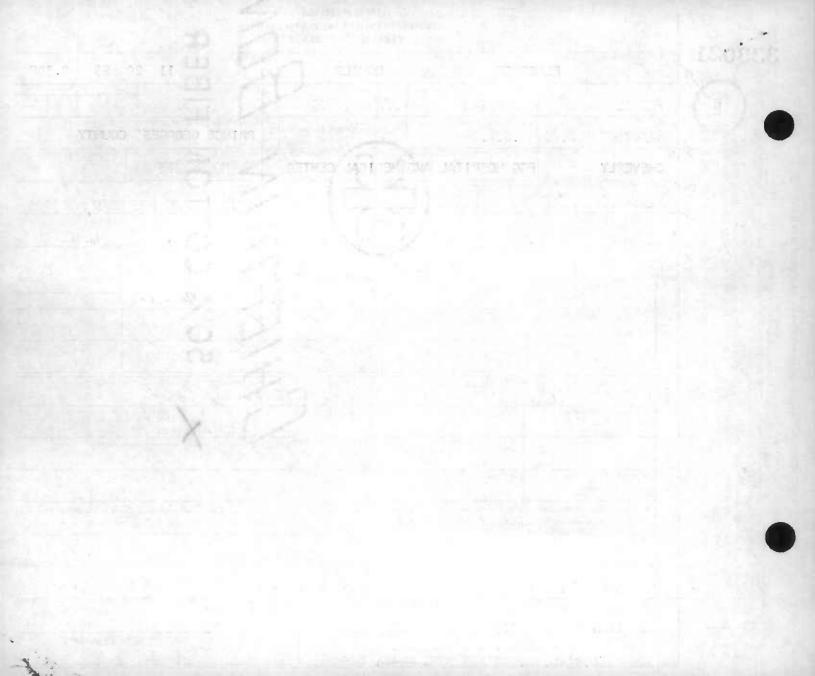
STATE

COUNTR

BURTAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.

23b DATE

CREMATION, REMOVAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 338198 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-IRY, PLEASE DIRECTOR. OUR FILES. 172 HOURS ON STREET, DEATH MATED AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED U.S.A. Washington, D.C. DIVORCED Prince George's II. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR LINE) 12b. KIND OF BUSINESS OR INDUSTRY Clinton Engraving Clinton Southern Maryland Hospital
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) U.S. Govt 13c. CITY OR TOWN 13e. STREET ADDRESS 6107 Clinton NO [Maryland Prince George 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Jacqiline Coppola Misa Joseph DIVISION **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 5801 Spell Rd. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Clinton, Md. 20735 578-22-0871 No Kathryn Donato CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ceretions with a seeles EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT AFTER DEATER PERSET MENTH THE STATE DEPARTMENT.OF HEALTH AND MENTAL HYOR BALLTIMORE, MARYLAND, OR REMO'S BALLTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO'S Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 and distites melle his, arthretos CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 4 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY (AT HOME NOT WHILE AT WORK AT WORK 270. I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted fram Natural causes Accident Homicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME Augusto P Rodriguez, M.D. ADDRESS 5000 Royburn Ct. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION P.G. Clinton Resurrection Md. Burial Sale when the 11-26-85 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH-17** 3 Old Alexander Ferry Rd. Clinton, Md.

E 11-80 Margaret De Dennes To the car and more the second second second The same of the first of the same of the same of the same of the same The state of the s Edition 2 4 to age to

312134

mpletely filled in by the funeral director and 2 should be filed within 72 hours of

within 24 hours

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

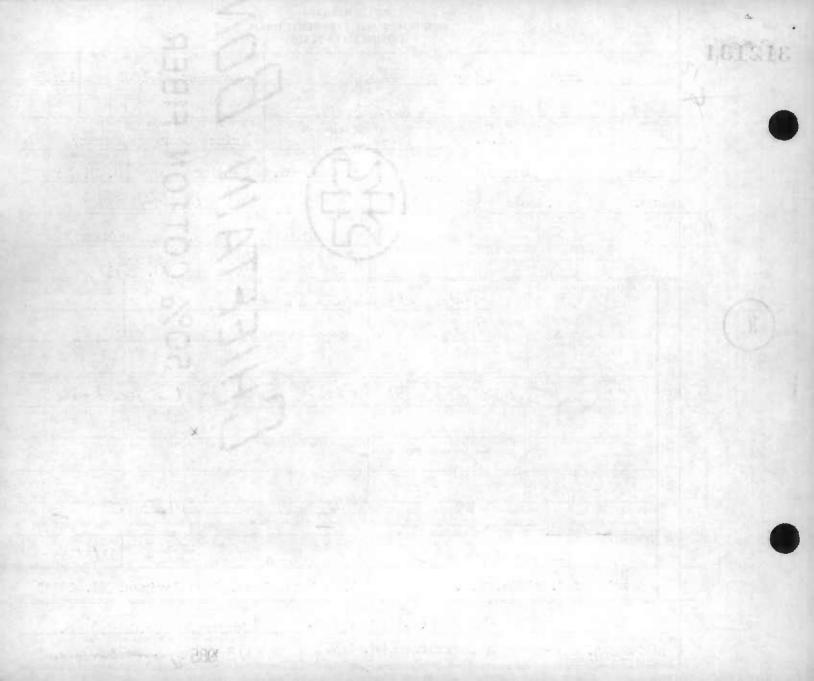
| | REGISTRAR | | | | CEKIII | ICATE OF DEA | In | REG. N | 0. | | |
|---------------|---------------------------------------|---------------|------------------|---|---|---------------------|-----------------|--------------------------|----------------|-------------------|------------------|
| | ECEASED NAME | FIRST | | MIDDLE | | AST | | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR |
| 1 ''' | PE OR PRINT) | arry | Sig | bev | FAR | MER | | November | 5,1 | 985 | 12:25A |
| 3 5 | | | RACE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5. DATE C | OF BIRTH | | 6. AGE (IN YEARS LAST BI | | IF UNDER I YEAR | IF UNDER 24 HR |
| 1 | Male | | White | | Nov. | | YEAR | | 1 YRS | MONIHS DAYS | HOURS MIN |
| 7o 1 | BIRTHPLACE ISTATE OR F | OREIGN 7 | | WHAT COUNTRY? | 8 | | | 9 BALTIMORE CITY | | Y OF DEATH | |
| | istrict of | | U.S.A | | WIDOWE | D NEVER MAR | CED | Prince G | eorge | 's Count | ty " |
| | CITY OR TOWN OF DEA | ATH 1 | 1. NAME OF | HOSPITAL, NURSI | IG HOME | | | 120 USUAL OCCUPAT | ION | 12b. KIND C | OF BUSINESS O |
| | Lanham | 1 | Doctors | HOSDIT | | Pr. Geo. | Co. | Soldier | OF WORKING ! | U. S. | Army |
| Ust | JAL RESIDENCE (IF NURS | ING HOME OR C | THER INSTITUTION | GIVE RESIDENCE BEFOR | E ADMISSION) | | | | / 710 COD | | |
| 130 | Md. | Pr.Ge | eo's | Riverda. | | YES X NO | LIMITS? | 6613 Olive | er St/ | 20737 | |
| 14. F | ATHER'S NAME | | | | | 15 MOTHER'S MA | AIDEN NA | ME | | | |
| | Harry | M | IDDLE | Farmer, | Sr. | Et. | he1 | MIDDLE H. | | (Unknow | m) |
| 160 | WAS DECEASED EVER | | | 166 SOCIAL SECT | | 17 INFORMANT | | 6613 01 ive | ESS CA | | / |
| | Yes NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | | | Hilda F | armer | Riverdale | Md. | 20737 | |
| - | 18 CAUSE OF DEAT | | | r line for (a) (b. or | id tess | | | RIVELGATE | INI | APPROX | ONSET AND DEAT |
| | PART I. DEATH W | AS CAUSED | BY | | able | Settie. | Str | ret | | 00.174,014 | OHACT AND DEAT |
| | | IMMEDIATE | | | - | 2 | | | 1 | | |
| | C . 100 . 00 | 11.1 | DUE TO, O | R AS A CONSEQU | ENCE OF | nouse | 221 | 150 | | | |
| | Conditions, if ony, | | (b)_ | 102210- | 1 | | | | | | |
| - | couse (o), statin | ig the | DUE TO, O | R AS A CONSEOU | ENCE OF | | | | | | |
| | | | ((c)_ | | | | | | | | |
| NO | Clary | | end St | 1 | DEATH BUT | NOT RELATED TO | | ever lae | De 1 | HE DE | ohis |
| CERTIFICATION | 190 DATE OF OPERA | TION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORM | ED | 200 AUTOPSY? | IN CERT | S, WERE FINDI | OF DEATH? |
| - E | | | 21b TIME C | NE IN LITTURE | | 121- 110-11-11-11 | V 055110 | YES NO | | ES 🗍 | NO 🗌 |
| | OR CONTRIBUTING | | 110110 4 | M. MONTH D | AY YEAR | ZIL HOW INJUR | TOCCURI | RED (ENTER NATURE OF INJ | IRY IN ITEM IB | PART 1 OR PART 2) | |
| CA | (IF EITHER NOTIFY MEDIC | CAL EXAMINER) | P. | Μ, | 19 | | | | | | |
| MEDICAL | 21d INJURY OCCURE | | | OF INJURY REET FACTORY, OFFICE | FARM ETC) | 211 LOCATION | | CITY OR TO | OWN | COUNTY | STATE |
| - | AT WORK NOT WH | RK | | | | 1.1.1 | -note | | 1 | | |
| | 22a I certify that | PO | | | | 11/24 | 9 8T | , to | 1131 | | that (I) (we) lo |
| | sow the decease above, (1) (we) (a | ed olive on_ | view the body | ofter death | . 0 | nd that in (my) (ou | r) opinion | deoth occurred on the o | ote and ho | ur and Irom the | couses stated |
| | 22b. SIGNATURE | | | 00 11 | 1111/16 | DEGREE | | | A | | SIGNED |
| | | V | n | sti de | | M. D. ATTE | NDING SICIAN | MEDICAL STA | | 11/5 | /85 |
| 1 | 22d. PHYSICIAN'S NA | AME TYPE OR | PRINT) | | | 22e. ADDRESS | JICIAIN E | OKECIOK TITO | CIAIT | | |
| | Jaswinder | r S. S | idhu, 1 | M.D. | | 4700 At | ith P | lace, Camp | Sprin | gs, Md. | 20023 |
| 23 a. | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 23τ. | NAME OF C | EMETERY OR CREA | MATORY | 23d LOCATION | | | |
| | Burial | | 11/8/ | 85 F | t.Line | oln Cem. | | Brentwood | 1 (D. | COOLS | STATE MA |
| 24 | FINISPIL DIRECTOR | | | | | | 250 DAT | | | TRAR'S SIGNAT | TURE |
| | Dichwad A | Colema | an -Upp | er Marlb | oro.Mc | 1. 20772 | MO | V 06 1985 | | Beerit. | |
| | Richard A. Funeral Hom | COLCIR | TI OPP | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | INO | V U 6 1985 | 1 - | waydown | Manda BY |

DHMH - 16 60M 7/ (VRA 15, 4)

After this certificate has

HOSPITAL OR ATTENDING the hospital TO FUNERAL DIRECTOR.

retoined by 0 BP.



BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

FOR

STATE OF MARYLAND

| DEPARTMENT | OF | HEALTH | AND | MENTAL | HYGIENE |
|------------|-----|--------|-----|--------|---------|
| CE | RTI | FICATE | OF | DEATH | |

O

| 17 | STATE REGISTRAR | | CERTIF | ICATE OF DE | ATH | REG. N | NO. | | | |
|---------------|--|----------------------------|---------------------------|---|-------------|------------------------|---------------|------------|------------|-----------------------------------|
| | CEASED NAME FIRST | MIDDLE | 1 | AST | | 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOUR |
| , | & Ro | y A | Fa | rrar | | | 11 | 17 | 85 | 1:30 AM |
| 3. SE | X | 4. RACE | 5. DATE C | | YEAR 6 | AGE (IN YEARS LAST B | RTHDAY) | MONTH! | DER I YEAR | IF UNDER 24 HRS |
| | Male | Black | 0.5 | | 22 | 63 | YRS | | | Mile. |
| a. B | IRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT | COUNTRY? 8 | NEVER MA | PRIED 7 | BALTIMORE CITY | OR COUN | TY OF D | EATH | |
| μ_i | ishington, D.C. | U.S.A | WIDOWE | | RCED | KKXXXX | *Pri | nce | Geo | rge MD. |
| 10 C | ITY OR TOWN OF DEATH | | AL, NURSING HOME C | R OTHER INSTIT | UTION | 12a USUAL OCCUPA | TION | 121 | | F BUSINESS OR |
| 0 | linton | Southern | Maruland | HOSPIT | tal | Proprieto | | 1 | eal | Estate |
| | AL RESIDENCE (IF NURSING HOME O | | TY OR TOWN | 13d. INSIDE RIT | LIMITS? | 3e.STREET ADDRESS | / ZIP CC | DE | 21 | 1601 |
| | Md. Ch | arles W | aldort | YES N | 10 🗆 | P.O. B. | of . | 215 | | 007 |
| 4 FA | ATHER'S NAME | MIDGLE T | LAST | 15 MOTHER'S A | AAIDEN NAMI | E // MIDDLE | / | - | . IAS | ST. |
| 1 | trthur Gi | bson to | arrar | Et | hel | Mae | | 11 | 70m | pson |
| | | RMED FORCES? 166 SO | DCIAL SECURITY NO. | 17 INFORMAN | | ADDI | | -11 | | |
| | yes W | WIL 51. | 7-22-5369 | Mari | an ta | urar | | SAA | | |
| | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE | nly one cause per line for | d b and | 11.10 | 1.0 | a de d | | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | | TE CAUSE (a) | HEYMIUU | TIVIT | - CAT | Wind | | | | |
| | | DUE TO, OR AS A | CONSEQUENCE OF | | | | | 30 | | |
| | Canditians, if any, which | (d) | | | | | | | | |
| | gave rise to immediate cause (0), stating the | DUE TO, OR AS A | CONSEQUENCE OF | | | | | | | `` |
| | underlying cause last. | (c) | | | | | | | | |
| z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIB | UTING TO DEATH BUT | NOT RELATED TO | THE TERMIN | NAL DISEASE OR CO | NOITION (| SIVEN IN | PART 1 | a |
| CERTIFICATION | IA DIVE OF OBSERVIOUS | The Coule Wilder | | | | | 100, 151 | 150 1115 | F 50 (50 | |
| FICA | 19a DATE OF OPERATION | 196 CONDITION F | OR WHICH OPERATION | N WAS PERFORM | AED | 20a AUTOPSY? | | | | OF DEATH? |
| RTI | 21g. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJU | DV | Tax 1100001000 | 27.000 | YES NO | | YES | | NO 🗆 |
| | OR CONTRIBUTING CAUSE OF DE | - 110110 4 44 44 | ONTH DAY YEAR | ZIL. HOW INJU | KY OCCURRE | D (ENTER NATURE OF INJ | URY IN ITEM 1 | 8 PART I O | R PART 2) | |
| MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINE | | 19 | *** * * * * * * * * * * * * * * * * * * | | | | | | |
| MED | 21d INJURY OCCURRED | 21e. PLACE OF INJ | TORY, OFFICE, FARM, ETC.) | 21f LOCATION | | CITY OR T | OWN | C | YINUO | STATE |
| | AT WORK AT WORK | | An | 12 | Dr | All | | | 7 | |
| | 22a I certify that (I) (this hosp | 11/11/ | V.C. | | 19 00 | to | | 19/ | | that (I) (we) last |
| | saw the deceased alive ar abave, (I) | of) we'w the bady after d | eath. | | apınıan de | eath accurred on the | date and h | | | |
| | 27b. SIGNATURE | 2 | | DEGREE | ENDING / | MEDICAL STA | AFF. | 2 | 2c. DATE | SIGNED |
| | - VVV | ~/ | | PH | | DIRECTOR PHYS | | | 100 | 01100 |
| 4 | 274 PHYSICIANS HAME TO | Den IA | 11 | GINI | Dais | 11/2001 | how' | FT | 1114 | a- h 1 |
| - | 144411 | - Ender | | 1901- | 41014 | Charlo! | MI | 11- | WI | 11/14 |
| | BURIAL, CREMATION, REMOVAL | 23b. DAY€ | 231 NAME OF G | | - /1- | 23d LOCATION | 1111 | 10 | 77 | // STATE |
| 0.4. =: | BULLA | 11/22/8 | 3 MD. VE | TERAN | S LEM | [HELTEN | HAM | 1.0 | 7. | MB. |
| 4 1 | UNERAL DIRECTOR | 11 | 1 | 1 | 250 DATE | REC'D. BY REGISTRA | RI25b, REG. | ISTRAR'S | SIGNAT | URE |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be

ATTENDING PHYSICIAN: The

HOSPITAL OR

BP.

etoined by the hospital or ottending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | , | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. | NO. | | | | | |
|-----|---------------|---|--------------------|-----------------------------|------------|-----------------------------|-------------------------|--------------------|---|------------------------------|------|--|--|
| | | EASED NAME FIRST | 1 | AIDDLE | | LAST | 20. DATE OF DEATH | | AY YEAR | 26 HOUR | | | |
| | TIABE | ORPRINT) Marga | ret Sc | ruggs | Fre | ench | | 11 4 | 1 85 | 21 | M | | |
| | 3. SEX | | 4. RACE | 88- | S. DATE C | | 6 AGE (IN YEARS LAST I | | IF UNDER 1 YEAR | IF UNDER 24 | _ | | |
| | | Female | Whit | e | MONTH | 1 | 95 | YRS | IONTHS DAYS | HOURS | MIN. | | |
| A | | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | May | | 9 BALTIMORE CITY | | OF DEATH | | | | |
| | | ennessee | U.S.A | | MARRIE | D NEVER MARRIED DIVORCED DI | Prince (| George' | s Count | zv | MD. | | |
| 1 | _ | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSIN | G HOME (| OR OTHER INSTITUTION | | | | | | | |
| 1 | C | reenbelt | | elt Nursi | | Ome | Records I | of working life | ION DE WORKING LIFE) INDUSTRY GEORGE IDPARTIAN WASH. HOSP | | | | |
| - | USUA | AL RESIDENCE (IF NURSING HOME O | ROTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | OMC | Necol de I | 12.01 (1) 10 | was | n. Ho | sp. | | |
| | | TAIE 13b. COU | _ | 13c. CITY OF TOW | | 13d INSIDE CITY LIMITS? | 3806 Pin | | 7740 | | | | |
| | | ryland P. | I o | Outversi | ty Pe | IS MOTHER'S MAIDEN NAM | _ | leway 20 | 3740 | | _ | | |
| , , | 7 | FIRST | MIDDLE | LAST | | FIRST | MIDDLE | | LAS | | | | |
| £, | - | ank VAS DECEASED EVER IN U.S. AI | PAAED EODCESS | SCRUGGS 16b. SOCIAL SECU | DITY NO | Annie 17 INFORMANT | C. | RESS 5016 | - | ery | N W | | |
| 1 | | (IF YES, GI | VE WAR OR DATES) | Unavaila | | Mr. Richard | | shingto | | | 11 | | |
| | | No | | | | | | | | | | | |
| ۱ | | 18 CAUSE OF DEATH IEnter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: | | | | | | | | MATÉ INTERVA ONSET AND DE | ATH | | |
| | | IMMEDIA | TE CAUSE (a) | Ca un | and | arrens | | |) . | u, L | | | |
| | | Conditions, if any, which (b) as ferril clerch heart direct 4 years | | | | | | | | | | | |
| | | Conditions, if any, which gove rise to immediate | | | | | | | | ple- | | | |
| | | couse (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| | An- | underlying cause last. | | | | | | | | | | | |
| | - | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | NDITION GIVE | N IN PART 1 | 0 | | | |
| | CERTIFICATION | would | a as | flence | 1 / | Al steering | cus and | ean | | 21 | | | |
| - | CAI | 190 DATE OF OPERATION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDING CAUSES | | , | | |
| | TIE | | | | | | YES NO | | | NO [| | | |
| 1 | | 210 ACCIDENT WAS UNDERLYING | | FINJURY M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF IN | JURY IN ITEM 18 PA | RT OR PART 2) | | | | |
| 7 | MEDICAL | OR CONTRIBUTING CAUSE OF DE | AIR | | 19 | THE STREET | | | | | | | |
| | EDÍ | 21d INJURY OCCURRED | 21e. PLACE | OF INJURY | 10M 575 1 | 21f LOCATION | CITY OR | TOWN | COUNTY | STAT | I E | | |
| | 2 | WHILE NOT WHILE AT WORK | (A) NOME STR | EEI, FACTORT, OFFICE FA | ARM EIC) | | | | | | | | |
| | | 220 I certify that (1) (this hospital) attended the deceased from Hard 24, 1981, to 1000 44, 1981, that (1) (we) last | | | | | | | | | | | |
| | | saw the deceased alive on 300 19 . ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. | | | | | | | | | | | |
| | | 22b. SIGNATURE | or view the body | arrei dearii. | M | DEGREE | | | 22c. DATE | SIGNED | _ | | |
| | | Me Much 10 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | | | 411 | Pr | | |
| 7 | | 224 PHYSICIAN'S NAME TYPE | OR PRINT) | | | 22e ADDRESS | SINCE ON EL TITLE | ICIAN L | 1 | ~ | 4 | | |
| 1 | | Till Bergema | nn, M.D. | | | 115 Centerwa | ay Greenbel | t, Mar | yland | 20770 | | | |
| - | 23a B | URIAL, CREMATION, REMOVAL | 23b. DATE | 23r N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | | | | |
| | | SPECIFY) Burial | | | | ncoln Cemetery | | od P | · G. | Maryl | and | | |
| | 24_FU | NERAL DIRECTOR | | | | | PEC'D. EX RESENCE | | | | | | |

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. Then please remove cortion with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic

(VRA 15, 4)

Francis Gasch's Sons Funeral and Home, P.A. 4739 Baltimore Avenue Hyattsville, Md.

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They all of the Mr. Bichard Conrov Vanhington, 0.6. 2011

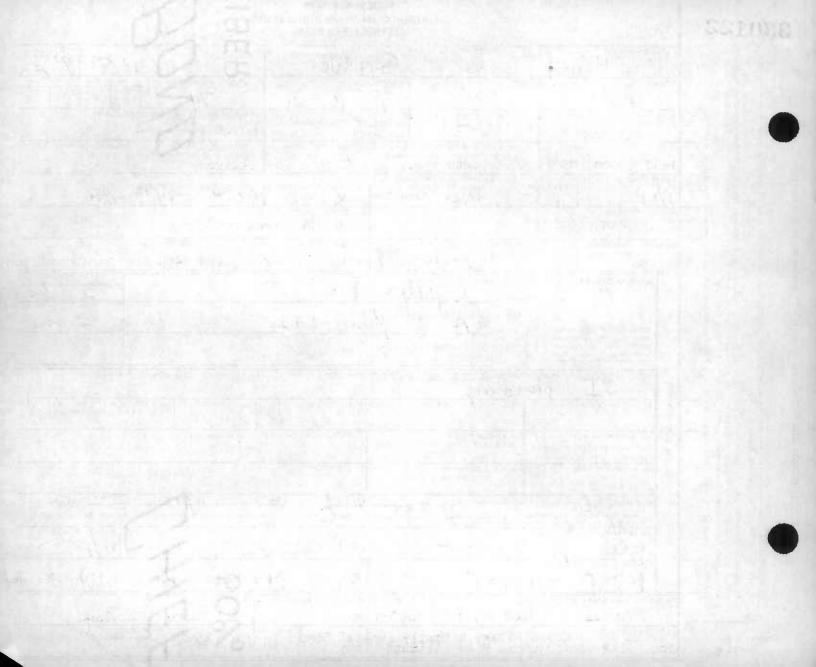
TROIT 5 TORES

| I. | FOR STATE | 3-22a 1 | /20/ | 86 mtb 1 | DEPART | | | ARYLAND AND MEN | | GIENI | E | 3 | 2 | | 3 | | |
|---|----------------------------|---|-------------|--------------------------|---------------|-----------------|---------------|--------------------|--------------|-----------|-------------|----------------|--------------|-------------|-----------|------------|--|
| 1 | REGISTRAR | | | ME | DICAL | EXAMI | NER'S C | ERTIFICA | ATE O | FDEA | TH | REG. | NO. | | | | |
| | CEASED NA | ME FIF | RST | | MIDDLE | | | LAST | | 2 | O DATE | KNOWN | X) MOI | NIH DA | Y YEAR | 25 HOUR | |
| (111) | C OR PRINT | Bett | -tz | | | | F | rve | | | Or | ESTI- MATED | 0 1 | 1/29 | /29/19 85 | | |
| J. SE | (| 4. RACE | 5. | DATE OF BIRTH | | 6. AGE (IN Y | EARS IF UN | | F UNDER 2 | 24 HRS. 2 | 2c. DATE | | MON | TH DA | Y YEAR | 7 HOU | |
| D. | ama la | D7 a ali | | MONTH DAY | YEAR | LAST BIRTH | / /// | S DAYS | HOURS | MIN F | RONOUN | | 1 | 1/20 | / 05 | | |
| | emale | Black_ | 7 h | 8-30-55 CITIZEN OF W | /HAT COUR | JU | YRS. | | | | 9 BALTIM | | Y OR CO | | / 19 85 | PA | |
| Ma | ry land | 4 | | USA | | TIKT: | MARRIE | ED NEVE | RMARRIE | XX | | | _ | | | | |
| 1 | ITY OR TOW | | 11 | I. NAME OF HO | SDITAL NII | IDSING HOM | WIDOW | | DIVORCE | D | Princ | CE GE | eorge | 2 S (| COUNTY | | |
| - | | | 1" | (IF NOT IN SUCH F | ACILITY, GIVE | STREET ADDRESS | | | | FOR M | OST OF WOR | KING LIFE) | TYPE OF WO | | OR INDUS | RY | |
| | hever | | | Prince | | | | l Hospi | ital | Cle | erk | | | Dr | ot. S | tore | |
| 12a. S | TATE | [13b. C | OUNTY | THER INSTITUTION, G | | E BEFORE ADMISS | | 13d. INSIDE CITY | LIMITS? | 13e. STRE | ET ADDRE | SS | | 20 | | | |
| | ld. | Pr | ince | George | Lank | ham | | | NO 🔲 | 543 | 5 81 | 5th A | lvo- | | | | |
| 14. F. | ATHER'S NAM | ΛE | N | AIDDLE | | LAST | | 15. MOTHER' | 'S MAIDEN | | | IDDLE | 116 | | LAST | | |
| | John | | H. | | Evan | | | Els | | | Lee | | | Sui | rlis | | |
| | WAS DECEAS | ED EVER IN U. | S. ARMED | | 16b. SO | CIAL SECURI | TY NO. | 17. INFORMA | INA | | | ADDRE | ESS | | | | |
| No | | (11 16) | J, WITE WAR | OI PAILS) | | | L | Lillie | Mae | Frye | Rt2 | Box | 239 | Cart | thage | . N.C | |
| 11 | | OF DEATH (En | ter anly o | ne cause per lin | e far (o). (b |), and (c).) | | | | , , , , | | | | | APPROXIMA | E INTERVAL | |
| PART DEATH (Enter anly one cause per line far (o), (b), and (c).) PART DEATH WAS CAUSED BY: MAREDIATE CAUSE (a) | | | | | | | | | | | 81 | TWEEN ONS | ET AND DEATH | | | | |
| | 120 | I/MM | EDIATE | _AUSE (a) | | NSEQUENCE | | | | - | | | | | | | |
| | | ions, il any, v | | 1 | | | | | | | | | | | | | |
| | gave rise to immediate (b) | | | | | | | | | | | | | | | | |
| | | lying couse last. | | | | | | | | | | | | | | | |
| | (c) | | | | | | | | | | | | | | | | |
| Z | PART Z UTNER | SIGNIFICANT COND | IIIONS CON | IKIBUTING TU ULATA | BUI NOT KEL | ATEO TO THE TER | MINAL DISEASE | OR CONDITION G | IVEN IN PART | T I (o). | | | | | | | |
| 5 | 100 DATE (| OF OPERATION | | Ties Cours | 171011500 | WALLETT ORE | DATIONING | AS PERFORME | 500 | | | | | | | | |
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| | SIGNATUR | | | 1 | V | | M.I | D. Assis | stant | MEDIO | CALEXAM | AINER | SK | ATE GNED | 11/30 | 1/85 | |
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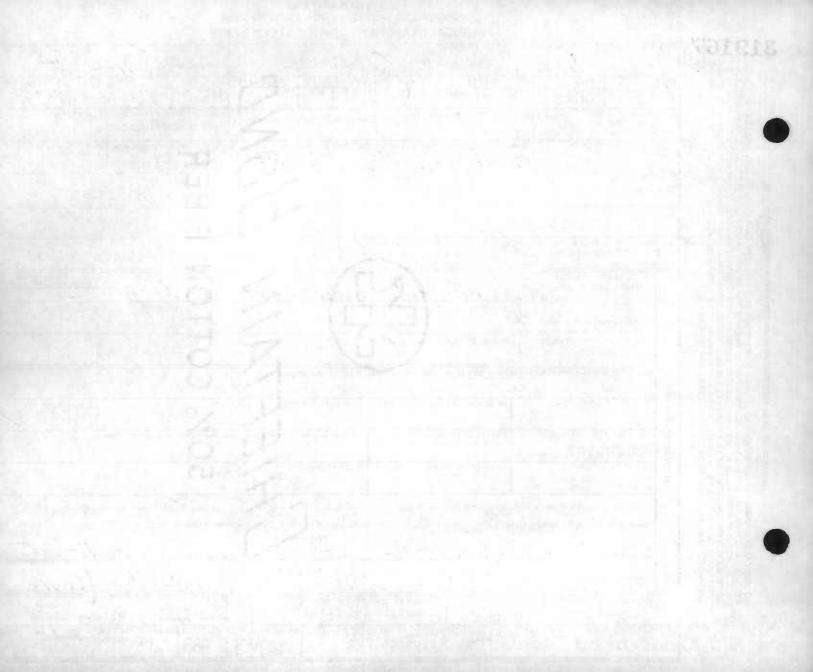
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4739 Baltimore Avenue Hyattsville, Md. 20781

(VRA 15, 4)

MAUSTE. 11.17 % S 20c PITTER D. CHITT



| 34 | 6171 | | FOR STATE REGISTRAR | | MET | EPARTMENT OF | HEALTH | AND MENTAL | YGIENE DE DEATH | 5 2 0 | 4 |
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| | 公米以表中 | | CEASED NAME DE OR PRINT) | 4LL15 | ANDO | MIDDLE | 60 | SD LOE | OF | REG. NO. KNOWN A MONTH ESTI- MATED NOV | 28 1985 3PM |
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| | 25.0 | K | entucky | | USA | AT COUNTRY? | WIDOW | | CED PA | NCE GEO | ROG'S MD. |
| | ELAY IS TO THE PAGE 12 PAGE | Bowis | | | 13809 | | | | FOR MOST OF WOR | PATION (TYPE OF WORK RKING LIFE) | Pub. Schools |
| . 21201 | AND 3 | 13a S | TATE D | 13b SOUN | OR OTHER INSTITUTION, GIV | BOWIE | ON) | 13d. INSIDE CITY LIMITS? YES MO | 13e STREET ADDRE | JERICAN | PARIC RD |
| BALTIMORE, MD. | DE EXECUTED WITHIN 24 HOURS AFTER BEATH, IF SHOING" IN PENCIL IN ITEM 18 GIVE PAGES 1.2. WEDICAL EXAMINER ALONG WITH FORM PM. 3. AS A BURAL. TRANSIT REWITH PAGES THAT HAND MENTAL HYGIENE DIVISION DEVILOR CREMATION, OR REMOVAL. | D | | Goodloe | | LAST | | 15. MOTHER'S MAID FRANCOS | A | MDDLE | LAST |
| MITIMO | | 16a. V | ES, NO. OR UNKNOW | EVER IN U.S. AR | RMED FORCES? E WAR OR DATES) | 166 SOCIAL SECURIT | | Hortensia | T. Allen | | hington, D.C. rado Ave.N.W. |
| | | | IB CAUSE OF PART I DEA | TH WAS CAUSE | nly one couse per line to BY: ATE CAUSE (a) | | 140c | ARDIAL | DISE | 71E | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MI AV LLY |
| 201 W. PRESTON ST | | | gove rise | i, if ony, which to immediate toting the <u>under</u> | (b) | AS A CONSEQUENCE | | | | | |
| | | NO | PART 2 OTHER SIGN | | (c) CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERM | NAL OISEAS | OR CONDITION GIVEN IN P | ART 1 (a). | | |
| ITAL RE | AOULD WED WEED OF HE | CERTIFICATION | 19a. DATE OF C | VIN & | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | 20 AUTOPSY? |
| DIVISION OF VITAL RECORDS, | IFICATE SP THE WOOF TO THE CONTROLL CONTROLL ARTMENT | MEDICAL CER | | OR G CAUSE OF | DEATH P.M. | MONTH DAY YEAR | 2 | NONE | ED LENTER NATURE OF IN | JURY IN ITEM TB PART 1 OR PA | |
| DIVIS | MRITIN WRITIN WARDED AGE 3 S FATE DEP | MED | 218 INJURY OF | NOT WHILE AT WORK | | F INJURY (AT HOME, DRY, FARM, ETC.) | | CATION | CITY OR TO | wn co | DUNTY STATE |
| | EDICAL EXAMINER: THE CERTIFICATE, A SHOULD BE FORV MERAL DIRECTOR: WORE, WITH THE S: WORE, MARYLAND. | | 22a I certify death resulted ACTUAL SIGNATURE | | ge of the remains desc iral causes D, | | Autop nicide M | Hamicide TITLE (SPECIFY) | Undetermined mi | ond in my o | pinion 11/23/85 |
| | M D W D W D | | EXAMINER'S N (TYPE OR PRIN | | 1 A. | DEVURE | | ADDRESS Hy | ATTIVIL | NSBURY LE MU | 20731 |
| 07/84 25M | BP | В | URIAL, CREMATI SPECIFY) URIAL UNERAL DIRECT NAME | ON, REMOVAL | 23b. DATE 12/7/85 ADDRESS | Lincoln Washingto | Memo | cial Cem. | 23d. LOCATION CITY OR TOWN Suitla | nd.Pr.Geor | oes Maryland |
| | (VR A15 ME (5)) | M | cGuire | Funeral | Service, Ir | c. 7400 Ga. | | | 9 3650 | guin Danson | who were |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 345018 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF SAMUEL OUR FILES. N 72 HOURS TON STREET, GORDON 1085 DEATH MATED X 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR AL DIRECT YOUR FI 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED Male Black. DEAD 11 22 1085 5a M 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED FOR MOST OF WORKING LIFE! Cheltenham BALTIMORE, MD, 21201 14. FATHER'S NAME FIRST MIDDLE ami 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION (IF YES, GIVE WAR OR DATES) SAA WW 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PERMIT BETWEEN ONSET AND DEATH CATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM TE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG ON PAGES AS A BURIAL - TRANSIT PERMITHE STATT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, NND, 21201 PRÍCR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION hip fracture 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 4/?/1985 hip fracture YES | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 4 19 19 85 fell at work 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BANNORE, MARYLAND, 21201 P AT WORK X AT WORK 4555 Overlook Ave. SW, Washington, D.C. Naval Research La 22a. I certify that I taak charge of the remains described above, held on Autapsy Inspection and in my apinian Suicide Natural causes Accident Hamicide Undetermined monner TITLE (SPECIFY) DATE SIGNED 11/22/1985 Deputy MEDICAL EXAMINER EXAMINER'S NAM (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23 NAME OF CEMETERY OR CREMATORY 23d LOCATION 07/84 9 1985 25M 24 FUNERAL DIRECTOR 756. REGISTRAR'S-ST **DHMH - 17** (VR A15 ME (5))

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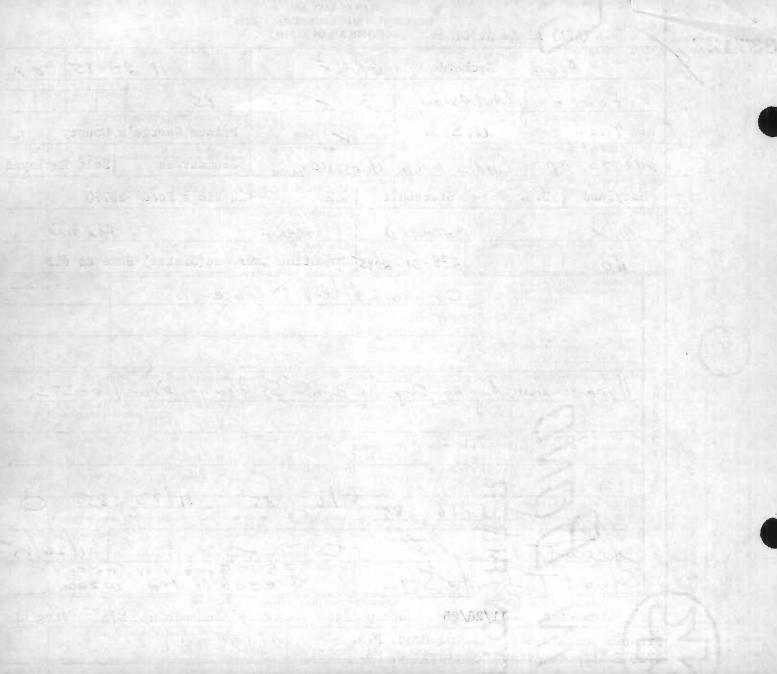
| | | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE |
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| 3 | 38165 | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. |
| | 22 04 28 FE | DECEASED NAME FIRST MODIE [IVPE OR PRINT] MADE DECEASED NAME OF ESTI- DEATH MATED 1/-2319 85 |
| | IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. SHOULD BE FILED, WITHIN 72 HOURS LIRECORDS, 201 W. PRESSON STREET, | SEX 1. RACE S. DATE OF BIRTH ON 1. AGE (IN YEARS IF UNDER YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR 26 HOURS MIN: PRONOUNCED DEAD 11-23 19 85 75 |
| 9 | CESSAR VERAL D COR YOU MITHIN 7 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. BALTIMORE CITY OR COUNTY OF DEATH |
| | THE FUN THE FUN THE FUN THED, W | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK IND. 1126. KIND OF BUSINESS OR INDUSTRING LIFE) OR INDUSTRING COMPANY OF THE PROPERTY OF |
| 6 | AND PERA | JULI RESIDENCE (IF IN NURSING HOME OF DIFFER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) THE SIDENCE (IF IN NURSING HOME OF DIFFER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) |
| MD 21281 | | Maryland Pr Geo Upp Marlboro VES NO 7/20 Crain Highway |
| 9 4 | DEATH GES 1, AND PW. | Frank Dorsey Ella Slater |
| ALTIM | GES / | was deceased ever in u.s. armed forces? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 100. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 215 64 5939 Howard G Gormley Same as #13 |
| | (B 2) | 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Me Far falce affano carcinoma of the frest Between onset and dea |
| PERSTO | E CHANGE OF THE CANADA CONTROL OF THE CANADA | Conditions, if any, which |
| W 100 | 3 × 5 € 5 8 | gave rise to immediate cause (a) stating the under-lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF |
| 000 | WA B CON | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMOITION GIVEN IN PART 1 (a). |
| 14 P | ATE SHOULD BE E WORD "PENE THE CHIEF MEI ILD BE USED AS MENT OF HEALT TO BURIAL, CRI | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\subseteq \text{NO} \) |
| ATV 30 MOISIVE | CERTIFICATE SHEETING THE WORDED TO THE CORE 3 SHOULD BE CORE SHOULD BE | AJÉLIO PULLOS. 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [A 1710. EXTERNAL CAUSE WAS 1710. |
| DIVIEW | THIS CERTIFIC E, WRITING THE RWARDED TO PAGE 3 SHOU STATE DEPART 1, 21201 PRIOR | 21d. INJURY OCCURRED 21d. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21d. INJURY OCCURRED 21d. I |
| | AES OF THE S | 22a Certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . |
| 1 | L EXAMINER: E CERTIFICATI DULD BE FOR IL DIRECTOR: HILL DIRECTOR: HILL THE STAND | TITLE (SPECIFY) |
| | TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOUNDED B | EXAMINER'S NAME Augusto P Rodriguez, M.D. Address 5009 Rayburn Ct., Temple Hills, Md |
| | | Burial 26Nov1985 Washington National Suitland Maryland |
| | DHMH - 17 (VR A 15 ME (5)) | FUNERAL DIRECT PROBERT E WILHELM Funeral Home Suitland Maryland 1250. Date rec'd. By registrar 256 registrar's signature DEC 0.2 1005 |
| | 15M 2/80 | |

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4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND



| | | | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 0 |
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| 33 | 37130 | | REGISTRAR | YEAR Zh. HOUR |
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| | PALESS AND SEES. | FC | BIRTHPLACE ISTATE OR JORGAN COUNTRY? A MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DE DESCRIPCION OF WHAT COUNTRY? | |
| | FUN S S FUN S FUN S FUN S S FUN | | | County MD. |
| | DELAY IS NECESSARY, PLEASE 310 THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. 3 BE FILED, WITHIN 72 HOURS 2055, 201 W. BRESTON STREET, | - C | Cheverly finds in Such FARKITY, Give Street ADDRESS CONDUCT HOSPILAN NEWS paper Editor/ Was | ash. |
| 21201 | ATH. IF ANY DEL | 130. S | JAL RESIDENCE (IF IN NURSING HOME & OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 137. CITY OR TOWN 138. INSIDE (ITY LIMITS? SYES X NO C 612 Valley Park Ro | ver oad |
| MD. | H. IF 7. 2, 7. 3. 7. 3. 1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. | | | 7,43) |
| RE, | DEATH MA PM AND | | unknown Maggie V. Graham | |
| BALTIMORE, | | 16a V | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMAN 6612 Valleyapprest k Road, | |
| BAL | JRS AFTER B. GIVE PA WITH FOR I. PAGES, DIVISION | | No 260-09-9767 Mae H. Graham(wife)Carmody | |
| ST., | NE SE | | PARTIDEATH WAS CAUSED BY: | PROXIMATE INTERVAL EEN ONSET AND DEATH |
| PRESTON ST | | 100 | IMMEDIATE CAUSE (DUTTS A S A CONSEQUENCE OF delical | |
| 2 | THIN THE A | 7 | Conditions, if any, which gave rise to immediate (b) | |
| 3 | NAME OF STREET | 1 | cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF | |
| 5, 201 | 5F356 | | (c) | |
| DIVISION OF VITAL RECORDS, | MAN THE | z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d). | |
| 2 | L CARAMETER AND A COLOR OF THE | MEDICAL CERTIFICATION | 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AL | UTOPSY? |
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| OF. | CAR SE | CER | 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | |
| NO | CERTIFIC TING TH TED TO 3 SHOW DEPART PRIOR | CAL | UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 | |
| N/S | SE S | MED | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY | STATE |
| ٥ | WAR WAR PAG 212 | | AT WORK AT WORK | |
| | SES SES | | 22a I certify that I taok charge af the remains described abave, held an Autopsy , Inspection , Inquiry , and in my opinion | |
| | AMIN STIFF | | death resulted fram: Notural couses Actident , Suicide , Homicide , Undetermined manner , | |
| | E CERTO | | ACTUAL TREMIND LOTTING DATE // | -17-85 |
| | SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW | | SIGNATURE DEPUTY MEDICAL EXAMINER SIGNED | 7.3 |
| | TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M | | (TYPE OR PRINT) Augusto P Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hil | ls. Md |
| | DAY DE A | 23a. B | | gin _i a |
| 07/84 25M | BP | | Burial #1/23/85 Church Cemetery lanners, Orange Cou | inty, |
| ZOM | DHMH - 17 | | FUNERAL DIRECTOR LATNEY'S FUNE ral Home NAME ROOT R | |
| | (VR A15 ME (5)) | 156 | 831 Georgia Ave. NW: Washington, DC 2001 NUV 2 9 4 Auto Auto Bond | Julie o |

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OK ATTENDING PHYSICIAN. The low requires that the death certificate be

TO HOSPITAL

FOR

STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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| ĸ | С, | Q. | 14 | v |

| 318168 | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 0. | | |
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| | I. DE | CEASED NAME FIRST MYRT | | C | (| GRAHAM | 20 DATE OF DEATH | MONTH DAY 11 1 | YEAR 85 | 26. HOUR 7.30am |
| ge 4 may be rector. page 3 ars offer death | 3 SE | × Female | 4 RACE White | | 5. DATE O | | 6. AGE (IN YEARS LAST BII | YRS. | UNDER I YEAR | IF UNDER 24 HRS |
| unerol di nin 72 hor et once | | RTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C. | U.S.A | | WIDOWE | | PRINCE GE | ORGES C | | MD. |
| by the filed with | (| CLINTON MD | SOUTH | ERN MARYL | AND I | OR OTHER INSTITUTION | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (Cleaning | OF WORKING LIFE) | INDUSTRY | ce Bldg. |
| filled in ould be | 13a S | | INTY | GIVE RESIDENCE BEFORE 13t CITY OR TOWN Marlow Hg | V | 13d. INSIDE CITY LIMITS | 3940 Bexle | ZIP CODE | # 214 | 20748 |
| ted within ompletely ond 2 sh | 14 FA | THER'S NAME Walter | WIDDLE | Child | | 15. MOTHER'S MAIDEN Mary | B. MIDDLE | | Cool | 5T |
| Poges 1 | | VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? IVE WAR OR DATES) | 578-38-4 | | Mary B | Arnold 3940 | | | |
| THICOTE STATE OF THE STATE OF T | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA | only one couse per l ED BY: ATE CAUSE (a) | line for 101, (b), and | KON | MY INF | ILTMATES | | APPROX BETWEEN | CIMATE INTERVAL ONSET AND DEATH |
| es that the action of the by the other please remove the prior, cremation in , or other frouman. | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT | (b) DUE TO, OR (c) | AS A CONSEQUE | NCE OF | NOT PELATED TO THE T | PRUINAL DISEASE OR CON | DITION CIVEN | IN GARY I | |
| een sign it. Then ior to bu | NOIL | 0 - 1 | HILVILE, | DEME | 55(8 | | 200 AUTOPSY? | 20b. IF YES, W | isi X | |
| tion. e hos b sit perm giene pr | CERTIFICATION | | | | OPERATIO | | YES NO | IN CERTIFYIN | G CAUSES | OF DEATH? |
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| ottending the this os the bulk and Worked or | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE C (AT HOME STRE | OF INJURY SET, FACTORY, OFFICE FA | RM, ETC) | 21f LOCATION STREET | CITY OR TO | wn | COUNTY | STATE |
| spital or Spital or CTOR: A Ifor use in of Health | | sow the deceased alive o obove, (I) to a lidely (did n | n | 31 19 8 | 101 | nd that in (my) (accoping | on death occurred on the d | ote and hour or | nd from the | that (I) (Lost couses stated |
| Y the ho Y the ho RAL DIRE detoched fore Dept | | 224 SIGNATURE | | -m | 1 | | MEDICAL STA | FF CIAN [] | 22c. DATE | 1185 |
| TO FUNERA should be determined by with the Stot | | P. WIS DET | | 1.0, | | 1 | n Hill Rd. Ox | con Hill | l, Md | |
| BP | | Burial, cremation, remova specify) Cremation | 11-2- | -1985 Me | tropo | emetery or cremator litan F. Se: | rvice Alexar | dria / | OUNTY (| STATE Va. |
| HMH - 16 60M 7/84 (VRA 15, 4) | 24 FU | NAME 6160 GOOD | Mill Kal | s Funera | Ho, | 259. | NOV 08 1995 | 256 REGISTRA | R'S SIGNAT | Mandelle |

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO DECEASED NAME KNOWN X LIVE OF PRINT Graner, ESTI-George DEATH MATED 85 4. RACE 3 SEX DATE OF BIRTH DATE PRONOUNCED Nov. 18, 1899 Male White 86 DEAD 19 85 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC USA Prince George's County DIVORCED 10 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION LIVE OF WORK 12h KIND OF BUSINESS Sheridan Street Lanham Plumber Union SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN 9511 Sheridan Street Maryland Prince George's Lanham NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Brahler John Henry Graner Mary In WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO 2500 Wisconsin Ave.NW 578-01-4792 Washington, DC George N. Graner. Jr. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Acute myocardial disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which chronic myocardial disease and chronic gove rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION None 19n. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? YES [] None 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Natural causes X Hamicide Undetermined monner TITLE (SPECIFY) 11/29/85 Deputy 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION DEC 2, 1985 St. Mary's Cemetery Washington, DC Burial 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE at 5 ADOL 6000 Annapolis Road **DHMH - 17** DEC Bowie, MD 20715-3043 (VR A15 ME (5)) Home

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

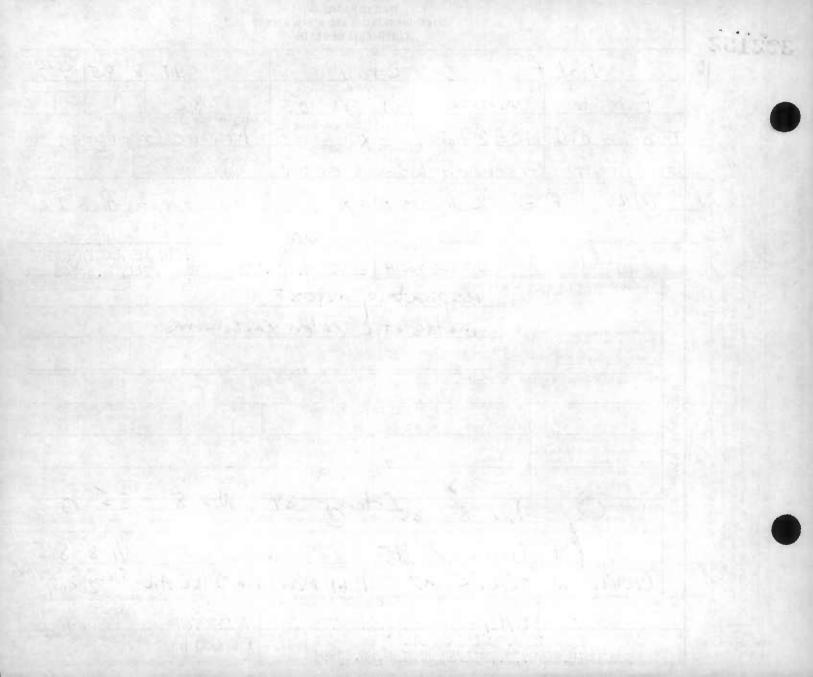
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| Female | Wh | ite | MONTH | DAY | 03 | 8. | 2 YRS | MONTHS DAYS | HOURS MIN |
| IPLACE (STATE OR FOREIGN 76 | | | | D NEVER M | APPIED T | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | W The |
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| OR TOWN OF DEATH | | | | ROTHER INST | TUTION | | TION | 12b. KIND O | F BUSINESS OR |
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| | | 166 SOCIAL SEC | URITY NO. | 17 INFORMAL | SON | ADD | F\$14 W | | |
| NO | | 178225 | 160 A | FDWARD | | | | | |
| CAUSE OF DEATH (Enter only | one couse per li | ine for (o), (b), o | nd (c) | | | | | | MATE INTERVAL ONSET AND DEATH |
| PART I. DEATH WAS CAUSED | BY: | 1350N | atos | nav | rest | | | | |
| IMMEDIATE | | ve v courtou | ENGE OF | | 1 | | | | |
| anditions, if any which | OUE TO, OR | meta | Stati | ¿ co | lon 0 | carcina | M | | |
| ove rise to immediate | (6) | , 1-0 | | | | | | | |
| nderlying couse lost | 1 | AS A CONSEOU | ENCE OF | | | | | 1 253 | |
| RT 2 OTHER SIGNIFICANT CO | | NTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERMI | NAI DISEASE OR COL | VDITION GIVI | EN IN PART 1 | 0 |
| | | | | | | THE DISCUSSION CO. | | | |
| DATE OF OPERATION | 19b. CONDIT | ION FOR WHICH | OPERATION | N WAS PERFOR | RMED | 20a AUTOPSY? | 20b. IF YES | WERE FINDIN | VGS LISED |
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| | | | | | | VES CO NOCO | | YING CAUSES | OF DEATH? |
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500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 1 DEC | CEASED NAME | FIRST | | MIDDLE | LAS | ST | To go and an analysis | DAY YEAR | 2b. HOUR | | | | | | |
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| | ORPRINT | | | | | | 20 DATE OF DEATH MONTH | DAY YEAR | Zu. HOOK | | | | | | |
| ,,,,,, | | PAUL | | ALDINE | , 0 | GRIM | 11-26-85 | | 2:40p | | | | | | |
| 3. SEX | X | | 4. RACE | | 5. DATE OF | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HE | | | | | | |
| | Male | | | White | 10-0 |)5-19° | 66 YRS. | MONTHS DAYS | HOURS MI | | | | | | |
| | RTHPLACE (STATE OF | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | | | | | | | |
| | VIRGINIA | | US | | WIDOWED | DIVORCED [| PRINCE GEORGES" | | | | | | | | |
| 10. CIT | ITY OR TOWN OF DE | ATH | 11. NAME OF | HOSPITAL, NURSIN | IG HOME OR | OTHER INSTITUTION | 120 USUAL OCCUPATION (RECENTED AND ADDRESS OF WHITE BUT OF A PROPERTY OF | 12b. KIND O | F BUSINESS | | | | | | |
| F | RIVERDALE | | | MEMORIAL | | TAL | Technician | NA: | SA | | | | | | |
| USUA 13n S | AL RESIDENCE (IF NUI | SING HOME OR | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP COD | c | | | | | | | |
| | aryland | Co | orge's | HYATTSV | TILE | YES NO X | 3004 LANCER DR. | | 82 | | | | | | |
| | THER'S NAME | | | | | 15. MOTHER'S MAIDEN NA | ME | , 207 | 02 | | | | | | |
| | Harry | ٨ | E . | Grim | | E1sie | WIDDIE | M. d. T | | | | | | | |
| 160 W | VAS DECEASED EVE | RIN U.S. ARA | | 16b SOCIAL SECU | RITY NO | 17 INFORMANT | ADDRESS | M1. | ller | | | | | | |
| | YES NO OR UNKNOWN) | | WAR OR DATES) | | | Doris W. G: | | 1.0 | | | | | | | |
| | | | | 228-14-4 | | DOLLS W. G. | rim, Same as | 13 | | | | | | | |
| | 18 CAUSE OF DEA | TH (Enter and VAS CAUSEI | y one cause pe | r line for (a), (b), and | | 11 # | 0.1.0.5 | -41 | MATE INTERVAL ONSET AND DEA | | | | | | |
| | | | E CAUSE (a) | CERER | S IZA C | HEMOR | KHAGE | 40 | o pla | | | | | | |
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| WEDICAL 230. BI | gove rise to in cause (a), stati underlying caus PART 2 OTHER SIG 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTHEY MEE 21d. INJURY OCCUR WHILE NOTHEY MEE 220. I certify that (I saw the decea obove, (I) (wee) 22b. SIGNATURE 22d. PHYSICIAN'S N | MEDIANT CONTROL OF THE CONTROL OF TH | DUE TO, CO ONDITIONS CO 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND | ONTRIBUTING TO CONTRIBUTING TO | OPERATION OPERATION AT YEAR 19 ARM, ETC) DEATH BUT N OPERATION OPE | 211 LOCATION SIREET 1985 1 that in (my) (our) opinion of EGREE ATTENDING PHYSICIAN (122e ADDRESS (510)) | 200 AUTOPSY? 200. IF YE YES NO POTENTIAL TO CERTINATE TO CERTINATE TO STAFF DIRECTOR PHYSICIAN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN | S, WERE FINDIN FYING CAUSES ES PART I OR PART 2) COUNTY 19 22c. DATE | NGS USED OF DEATH? NO STATE | | | | | | |

TO FUNERAL DIRECTOR: After this certificate has been signed I should be detached for use as the burial-transit permit. Then plear with the State Dept. of Health and Mental Hygiene prior to burial. TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires retained by the hospital or attending physician. BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

(VRA 15, 4)

DHMH - 16 60M 7/B4

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

22e ADDRESS

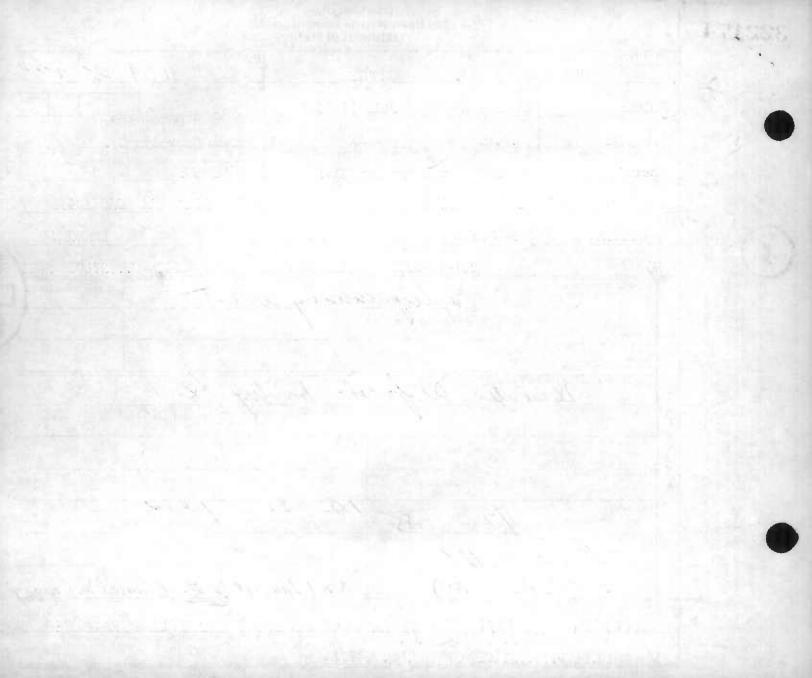
CEMETERY

SUITLAND

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIV. BLVD. . W. . SILVER SPRING, MD. 20901

236 DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

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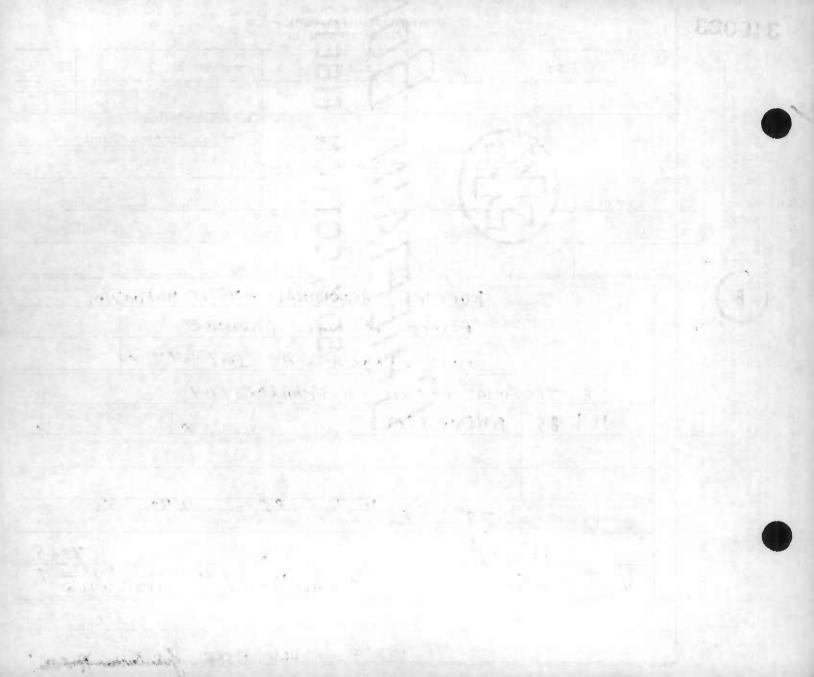
STATE OF MARYLAND

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DIVISION OF VITAL RECORDS.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 330028 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT) NOVEMBER 11,1985 12:05A.M HARDING FRANCES 3. SEX RACE 6 AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH IF UNDER 21 MPS YEAR Female Caucasian 1895 89 To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED X Shanklin, England U.S.A. PRINCE GEORGES DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CLINTON school teacher education USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13e STATE 13h COUNTY Philidelphia 34 INSIDE CITY LIMITS? 135 South 20th St. Pennsylvania 19103 Philidelphia 14 FATHER'S NAME MIDDLE Alfred Harding Bertha MIDDLE Johnson 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO **ADDRESS** 17 INFORMANT (nephew) (YES NOR UNKNOWN) 149-30-5263 9108 Iela Ct. Ft. Washington, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c) PART L DEATH WAS CAUSED BY Levic> De DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying, couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 STATE WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive g ond that in (my) (our) opinion death occurred on the date and have and from the causes stated the body after death 22b. SIGNI DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial St. James Episcopal Cem. Lower Providence Twp., Montgom-Nov.14,1985 24 FUNERAL DIRECTOR Lee Funeral Home, Linc. 6633 Old DHMH - 16 60M 7/B4 (VRA 15, 4)

Alexander Ferry Rd., Clinton, MD 20735

Annapolis Rd. Lanham, Md.

(VRA 15, 4)

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Suitland, Md

Funeral Home

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE 319016 REGISTRAR REG. NO DECEASED NAME KNOWN V 2a. DATE DAY 2h HOUR (TYPE OR PRINT) OF ESTI-EFINERAL DIRECTOR.

DR YOUR FILES.

D, WITHIN 72 HOURS

W PRESTON STREET. VICTORIA **JEAN** HARRIS 11-2-85 DEATH MATED 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 11-2-85 0:30A FEMALE BLACK 1985 AUG 6 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! Prince George's County MARYLAND U.S.A. DIVORCED WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Prince George's Co. Hospital Chever1v NONE NONE SUAL RESIDENCE (IF IN NURSIN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND PRINCE GEORGES DISTRICT HEIGHTSESX 6802 ATTWOOD NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST QUAY MARTIN VALERIE HARRIES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? T6b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS NO N/A N/A VALERIE HARRIS 6802 ATTWOOD DISTRICT CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AS A BURIAL - TRANSIT PERM ALTH AND MENTAL HYGIEN-CREMATION, OR REMOVAL. IMMEDIATE CAUSE (0) Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 USED AS A B CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF H PRIOR TO BURIAL YES X NO [띪 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHY AFTER DEATH, WITH THE STATE DEPAIL BATTANORE, MARYLAND, 21201 PRIC 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram. Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 11-3-85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b, DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE LANDOVER 11/7/85 HARMONY MEM. PARK P.G. BURIAL 07/84 BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** B-JENKINS F.H. 7474 LANDOVER RD MD NOV 13 1985 (VR A15 ME (5))

puo

injury, or other

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hyperestrator to burial, cr IMPORTANT: If Hem 21 is marked or them 18 them envy injury, or oth

certificote

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

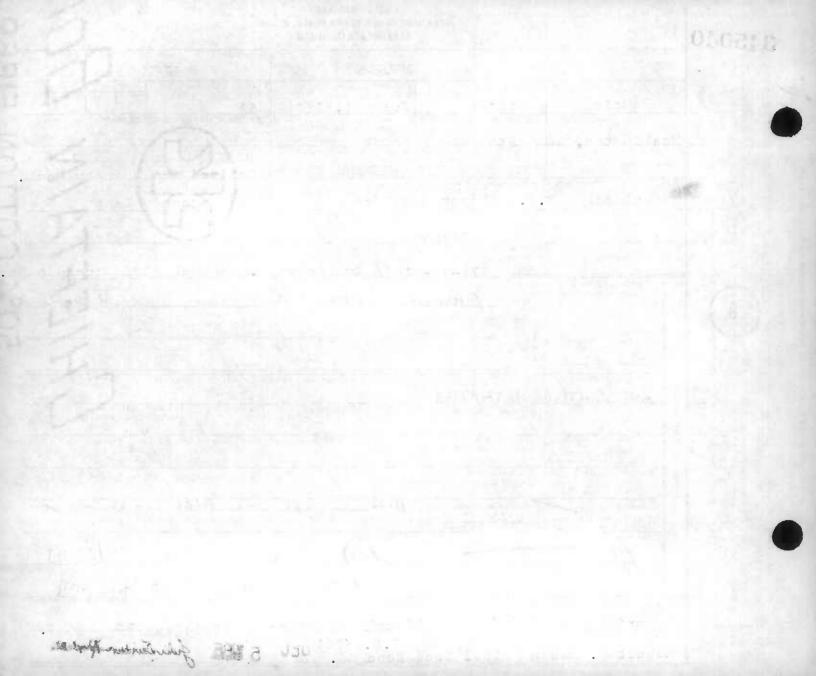
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PEG NO

| I. DECEASED NAME FIRST | MIDDLE | LÁST | 2ª DATE O | F DEATH MONTH | DAY YEAR | 2b. HOUR |
|---|--|--------------------------------|-----------------------|-------------------------|---------------------------|-----------------------------------|
| (TYPE OR PRINT) | NA. | HARRISON | | 11/ | 26/85 | 8:30pm |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | | EARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| Female | Black | July 1. 10 | 904 81 | YR | MONTHS DAYS | HOURS MIN. |
| 10. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | RY? 8. | - 9 BALTIMO | RE CITY OR COU | | |
| Washington, D(| IISA | MARRIED NEVER MAR | | E GEORGE' | S COUNTY | MD. |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUI | RSING HOME OR OTHER INSTITU | ION 120 USUAL | OCCUPATION | | OF BUSINESS OR |
| CLINION | SOUTHERN MARY | REET ADDRESS) LAND HOSPITAL CE | VICTOR - | k for MOST OF WORKIN | | ty Court |
| USUAL RESIDENCE IN NURSING HOME OF | OR OTHER INSTITUTION GIVE RESIDENCE BE | FORE ADMISSION) | | | Count | Cove. |
| | | Marlbore & NC | 3005 | Marcano | lo Lane | 2140 |
| A FATHER'S NAME | | 15. MOTHER'S MA | | 160 miles | | |
| James | John | son Ida | | WIDOLE | Hillar | |
| 160. WAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIALS | | | ADDRESS | | 7 |
| (YES, NO OR UNKNOWN) (IF YES, G | IVE WAR OR DATES} | -6106A Gwendo | lyn E. Re | obuok 3 | 005 Mas | roando I |
| 18 CAUSE OF DEATH (Enter o | inly one cause per fine for (a), 1b | | TYII E. KI | Jebuck . | | IMATE INTERVAL ONSET AND DEATH |
| PART I. DEATH WAS CAUS | ED BY. ATE CAUSE (a) 6 AST | 1/01/1 | ULUS | | 4 | DAY |
| WWWED | | | | | Med E Com | |
| Conditions, if ony, which | DUE TO, OR AS A CONSE | OUENCE OF | | | | |
| gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSE | OHENCE OF | | R.L. M. | | |
| underlying cause last. | DUE TO, OR AS A CONSE | OUENCE OF | | | | |
| PART 2 OTHER SIGNIFICANT | | TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEAS | E OR CONDITION | GIVEN IN PART I | 0, |
| | O ANTHRITIC | | | | | |
| M 190 DATE OF OPERATION | 196. CONDITION FOR WH | ICH OPERATION WAS PERFORME | D 200 AUTO | | YES, WERE FINDI | |
| PHEULIATOR | | | YES 🗍 | NON | RTIFYING CAUSES YES [] | NO [|
| 210. ACCIDENT WAS UNDERLYING | | 21c. HOW INJUR | OCCURRED (ENTER N. | ATURE OF INJURY IN ITEM | 18 PART I OR PART 2) | |
| OR CONTRIBUTING CAUSE OF DE | AIR | 19 | | | | |
| OR CONTRIBUTING CAUSE OF OR (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | CITY OR TOWN | COUNTY | STATE |
| WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY OFF | ICE, FARM, EIC) | | en outour | | 31416 |
| 22a.1 certify that (1) (this best | orial) attended the deceased fro | m 11 22 1 | 9.85, to | 11/26 | , 19 85 | that (II (we) lost |
| saw the deceased alive of | at) view the bady after death. | 9 85 ond that in (my) (gr | apinion death accurre | d an the date and | have and from the | causes stated |
| 77% SIGNATURE | ary view me body arrest deam. | DEGREE | | | 22c. DATE | SIGNED |
| 1110 | N | ATTE | NDING MEDICAL | STAFF PHYSICIAN | 11/2 | 681 |
| 224 PLASICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | 1 | | | |
| P. WISOTSK | Y. M.D. | 6188 | IXON HILL R | 2 0x01 | M HILL | my- |
| 23a. BURIAL, CREMATION, REMOVA | | 3c NAME OF CEMETERY OR CREA | AATORY 23d. LOCA | | | - 32- |
| (SPECIFY) Burial | 12/2/85 | Lincoln Ceme | | OR TOWN | COUNTY | STATE |
| 24 FUNERAL DIRECTOR | ADDRE | G = () | 250 DATE REC'D. BY F | EGISTRARIZA ALL | STRARSSIGNAL | URE |
| NAME | | | ULL 5 10 | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



Bowie, Maryland

(VRA 15, 4)

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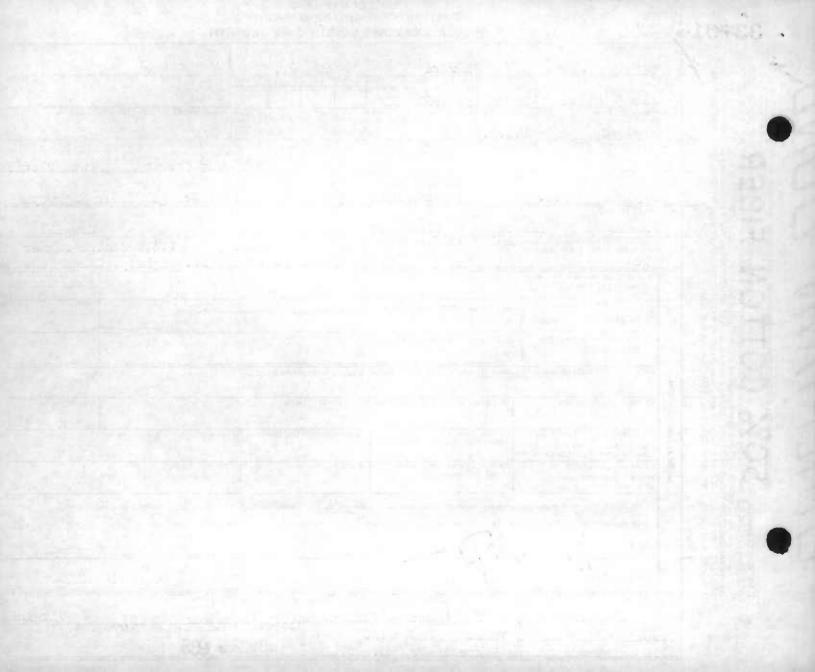
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Sovie, Maryland

Booth funeral flood

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED JAMES Edward HAWES . 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED DEAD Male March 19, 1953 White 32YRS 11 24 1985 BP To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Prince George's County IN CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 11411 George Palmer Highway Glenn Dale Flower Grower Hawes Florist USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY Tac CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. Glenn Dale NO [11411 George Palmer Highway 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James Edward Hawes, Sr. Edna Cowgil1 17. INFORMANT (Father) 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO T1411 George Palmer 220-60-3706 DIVISI James E. Hawes, Sr. Highway, Glenn Dale Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last. DIVISION OF VITAL RECORDS, 201 3 SHOUID BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MI 1 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔽 NO . 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE SE AFTER DEATH, WITH THE STATE OF BAUTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY Autopsy X 220. I certify that I taak charge of the remains described above, held an Inspection Natural causes K death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Metropolitan Crematory Alexandria N/A

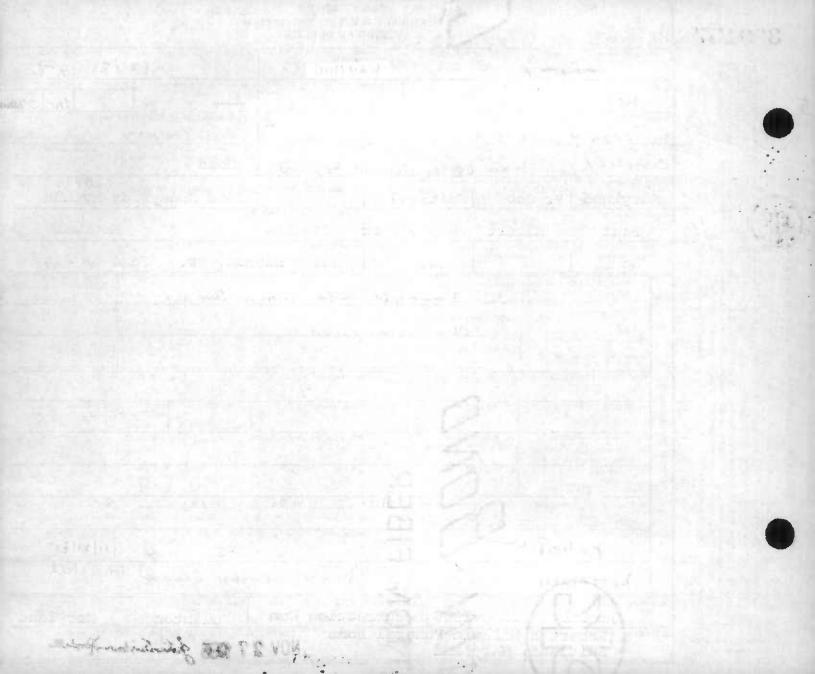
256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Cremation | 11/26/85 Virginia 07/84 25M 74 FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** NOV 29 1985 (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781



| | | FOR | n | STAT | | ARYLAND | IY CHENES | 5 2 | 0 4 0 |) |
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| 323066 | 12 | STATE REGISTRAR | | ICAL EXAMIN | | | EDEATH | G. NO. | | |
| A | | CEASED NAME FIRST | | WIDDLE | 1 | LAST | 20. DATE KNOW | HINOW X N | DAY YEAR | 26 HOUR |
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| 五百二五百 | 3. SEX | | 5. DATE OF BIRTH | 6. AGE (IN YEAR LAST BIRTHDA | | | 24 HRS. 2c. DATE MIN. PRONOUNCED | MONTH | DAY YEAR | 12 10 3C |
| A TOUR | 1 | Female Black | 2 10 | '26 59 YR | S. | | DEAD | 11 | 10 19 85 | a.M |
| WHEN SERVICES | IA | RTHPLACE (STATE OR REIGN COUNTY) | U.S. | A COUNTRY? | MARRIE WIDOWE | ED NEVER MARR | | Ge | orge's | MD |
| AV IST | | TY OF TOWN OF DEATH randywine | 14430 Br | PITAL, NURSING HOME HITY, GIVE STREET ADDRESS! andywine Re | , OR OTHE | R INSTITUTION | 120 USUAL OCCUPATION | TYPE OF WORK | 126, KIND OF BU | SINESS |
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| 9 F 20 8 | IL.F | TYER'S NAME | MIDDLE . | LAST | | 15. MOTHER'S MAIDI | EN NAME MIDDLE | 1 | A LAST, | |
| THE SECOND | 1 | trbbra Al | rchie | Dmith | | Saral | 7 | | Vaks | |
| T ESS TO SECOND | Filler, V | AS DECEASED EVER IN U.S. ARI ES, NO, OR UNKNOWN) (IF YES, GIVE | MED FORCES? WAR OR DATES) | 166. SOCIAL SECURITY | NO. | Alex H | aw Kins | DRESS SA | A | |
| S S S S S S S S S S S S S S S S S S S | | 8 CAUSE OF DEATH (Enter on | ly ane cause per line | far (a), (b), and (c).) | | 1107 11 | | | APPROXIMATE BETWEEN ONSE | INTERVAL T AND DEATH |
| NA HO | | PART I DEATH WAS CAUSE IMMEDIA | TE CAUSE (a) AI | | | cardiovas | cular disease | | | |
| PRESTON THIN 24 F THIN 24 F THIN 24 F THIN 24 F THIN TEA | | Canditions, if any, which | | AS A CONSEQUENCE C |)F | | | | | |
| MAN SERVICE SE | 10 | gave rise to immediate cause (a) stating the under- | (b) | AS A CONSEQUENCE O | | | | | | |
| DOL CON. | | lying cause last. | | AS A CONSEQUENCE C | JF. | | | | B NV | |
| Dr. 100 100 100 | | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERMI | INAL DISEASE | OR CONDITION GIVEN IN PA | RT 1 ig. | | | |
| RECORDS D SE EXECUTOR MEDICAL MEDICAL D AS A BUIL EATH AN CREMATI | Z O | Seizure disor | | | | | | | | |
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| MAN AND AND AND AND AND AND AND AND AND A | CERTIFICATION | 210 EXTERNAL CAUSE WAS | 21b TIME OF | NIMINU | | | | | YES 🗆 | NO [X |
| DIVISION OF VITAL SCERFICATE SHOU RDED TO THE CHIEF RES SHOULD BE USE RESPONSEMENT OF IT RESPONSEMENT OF IT RESPONSEMENT OF IT | | UNDERLYING OR | HOUR A.M. | MONTH DAY YEAR | 21c. HO | W INJURY OCCURRE | D LENTER NATURE OF INJURY IN IT | EM 18 PART I OR PA | RT 2) | |
| PRACTION OF STATE | MEDICAL | CONTRIBUTING CAUSE OF | 21e PLACE O | FINJURY (AT HOME, | 211. LOC | ATION | | | | |
| DIV HIS G WRITI WARDE WAGE 3 | M | WHILE NOT WHILE AT WORK | STREET, FACTO | DRY, FARM, ETC.) | ST | REET | CITY OR TOWN | COL | UNTY | STATE |
| NO. NATE. | | 22a. I certily that I taak charg | ge of the remains desc | ribed abave, held an | Autops | y , Inspectio | n , Inquiry , | and in my ap | oinian | |
| WHEN THE WAY | | death resulted fram: Natu | ral causes 🕱 | Accident Sui | cide . | Hamicide . | Undetermined manner | <u> </u> | | |
| A VERGES | 16 | ACTUAL TYPES | uso X | Heyeku | av | Deputy | | DATE | 11/10/ | 1085 |
| MEDICAL CUTE THE SE 4 SHO EUNERAL ERCEATH | 1 | SIGNATURE | 1 | 1009 | 9-M | D. Deputy | MEDICAL EXAMINER | SIGNE | D_11/10/ | 1707 |
| | 1 | TYPE OR PRINT AURUS | to P. Rodi | riguez M.D | / | ADDRESS 5009 | Rayburn Ct . | Temple | Hills, | Md |
| 5245FE - | 23a.B | URIAL, CREMATION, REMOYAL | 1 11 | 23c NAME OF CEM | ETERY OF | CREMATORY | 23d. LOCATION | COU | NTY ST | ATE |
| 07/84 BP | 74 E | JNERAL DIRECTOR | 11/14/85 | Union B | the | Ch. Cem | REC'D. BY REGISTRAR 1256 | REGISTRAR'S S | Ges, 1 | 1d. |
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(VRA 15, 4)



280 02 VOH

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | ~ | U | 6 | |
|---|----------|---|---|--|
| CERTIFICATE OF DEATH | REG. NO. | | | |
| | | | | |

| | REGISTRAR | | | | | | RE | G. NO. | | | |
|-----------------|---------------------------------------|------------------|---------------------|--------------------------|------------|--------------------------------------|---------------------|------------|-------------|--------------------------|-----------------------------------|
| | CEASED NAME E OR PRINT) | FIRST | ٨ | AIDDLE | 1 | AST | 20 DATE OF DEAT | TH MON | TH DA | Y YEAR | 2b. HOUR |
| | CORPRINT | VIRG | SINIA | LOVE | H | OOVER | November | 12, | 1985 | 5 | 12:30A |
| 3. SE | X | | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LA | ST BIRTHDA | | UNDER I YEAR | HOURS MIN. |
| | Female | | White | | July | 13, DA 1913 YEAR | 72 | | YRS | | HOURS MIN. |
| | IRTHPLACE (STATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMORE CI | TY OR CO | OYTANG | FDEATH | |
| Pe | enn. | | U.S.A. | | WIDOWE | | Prince (| Georg | ge's | | MI |
| ¹ Uk | DOELOWN OF DEA | ATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCCU | PATION | | 12b. KIND O | F BUSINESS OF |
| | arlboro | | | d Burton | | Upper | Homomal | | KKING LIFE) | Home | |
| USU | AL RESIDENCE (IF NURS | ING HOME OR | OTHER INSTITUTION. | GIVE RESIDENCE BEFORE | ADMISSION) | TALIDOTO M | 13e.STREET ADDR | | 91 | | Burtor |
| | aryland | 13b. COUN P.G | | Upper Mai | | 13d. INSIDE CITY LIMITS? YES X NO 1 | Upper Ma | r1bo | CODE M | arvlar | nd 20772 |
| 14. F | ATHER'S NAME | | | | | 15. MOTHER'S MAIDEN NA | ME | 100 | | 7 | |
| | John | | Rita | Love | | Nettie | Jai | | | Re | eed |
| 16a \ | WAS DECEASED EVER | | | 16b SOCIAL SECU | RITY NO. | 17 INFORMANT | | DDRESS | | | |
| (| YES, NO OR UNKNOWN) | N/A | WAR OR DATES) | 225-05-10 | 092 | Russell A. H | loover | Kens | singt | on, Mi | đ |
| | 18 CAUSE OF DEATH | H (Enter and | v nne chuse ner | line for (a) (b) and | die | | | | | | IMATE INTERVAL ONSET AND DEATH |
| | PART I. DEATH W | AS CAUSED | BY: | | | Lateral Scl | | | | BEI WEEN | JNSET AND DEATH |
| | underlying couse | lost. | (c) | R AS A CONSEQUE | | | | | | | |
| NO | PART 2. OTHER SIGN | VIFICANT C | ONDITIONS <u>CC</u> | DNTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR (| CONDITIO | ON GIVEN | IN PART Tec | 3 |
| CERTIFICATION | 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | _ IN | | WERE FINDIN NG CAUSES | |
| ERI | 21g. ACCIDENT WAS UND | ERLYING | 21b. TIME OI | FINJURY | | 21c. HOW INJURY OCCURE | lund 6 | | | Lumb 1 | 140 |
| | OR CONTRIBUTING C | | " | M. MONTH DA | | | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDIC | | P.A | | 19 | 211 LOCATION | | | | | |
| ME | WHILE NOT WH | ILE 🗀 | | EET, FACTORY, OFFICE, F. | ARM, ETC) | STREET | CITY | OR TOWN | | COUNTY | STATE |
| | 22a I certify that (I) | (this hospite | ol) ottended the | deceased from 1 | pril | 3 19 84 | toNov | 1 | , 19 | 85 | that (I) (we) las |
| | sow the decease above, (1) (we) (d | d olive on_ | - view the hady | ofter death | or | nd that in (my) (aur) apinion o | death accurred an t | he date a | | | |
| | 226 24719 1911 | // | diew ine oddy i | 0 | | DEGREE | | | | 22c. DATE | SIGNED |
| | Malle | Con | naue | the li | (1/1) | ATTENDING PHYSICIANIA | | STAFF | | 11/1 | 12/85 |
| | 224 PHYSICIAN'S NA | AME ITHE OF | PRINCI) | 7 | 110 | 22e. ADDRESS | - LINECTON E FI | TOTOTAL | | 1 | -/ |
| | R. A. 1 | McCor | naughs | , M.D. | PZ | . 5618 St. | Barnaha | s Ro | O F | xon F | 1111 N |
| 23a. F | BURIAL, CREMATION, | | 123b. DATE | | | EMETERY OR CREMATORY | 123d LOCATION | 2 1((| | 11011 | , 1 |
| | (SPECIFY) | OTAL | LVG. DAIL | 20(. 1 | | EMETER OR CREMATORY | CITY OR TOW | N | | COUNTY | STATE |

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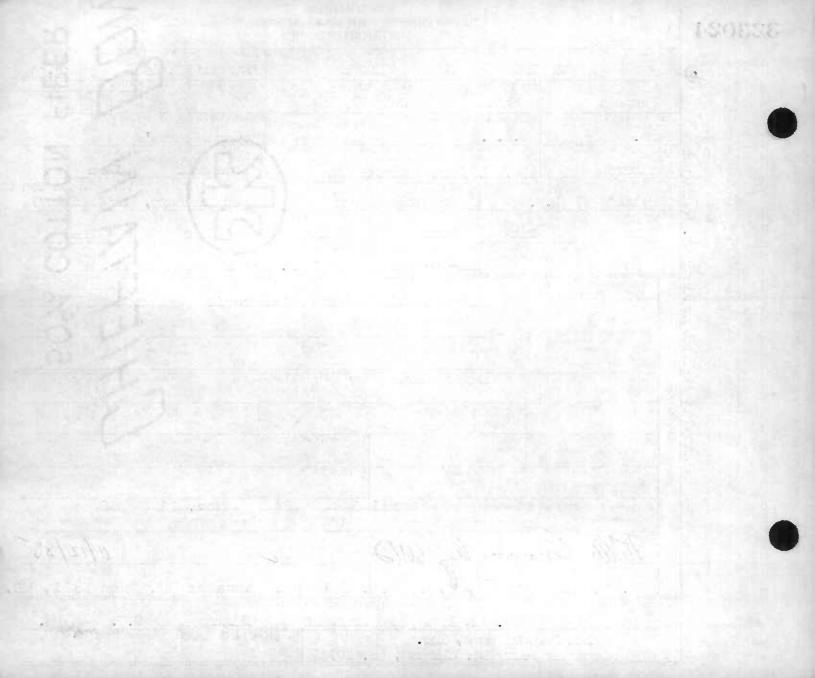
(VRA 15, 4)

Cremation

24. FUNERAL DIRECTOR Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd. Clinton, Md. 20735

Nov. 12, 1985 Lees Crematory

P.G.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 318171 REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN A MONTH DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-H. E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

W. PRESTON STREET, DEATH MATED 19 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE SI BIRTHDAY) PRONOUNCED White 1901 DEAD 70 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Penna. MARRIED NEVER MARRIED U.S.A. Pr. Geo. WIDOWED DIVORCED 2, AND 3 TO THE F. 3. RETAIN PAGE 5 SHOULD BE FILED FILED, ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION | TYPE OF WORK | 126 KIND OF BUSINESS Ret. Painter OR INDUSTRY Cheverly USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE SEFORE ADMISSION 13e STREET ADDRESS 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? - 53d Ave. Md. Geo. Bladensburg NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nettie Schumacher George Hulme 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFÖRMANT 1889-Ashwood (YES, NO, OR UNKNOWN) 283-05-6859 Dorothy Sengpiel No Akron.Ohio 18 CAUSE OF DEATH (Enter only one couse per light for lat. (b), and (c).) PART I DEATH WAS CAUSED BY cardiovascular ducas IMMEDIATE CAUSE DIVISION OF VITAL RECORDS, 201 W. PREST Conditions, if ony, which gove rise to immediate SED AS A BURIAL - TRA HEALTH AND MENTA AL, CREMATION, OR R cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES [NO I 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORE
TO FUNERAL DIRECTOR: WITH THE S 220 I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes Homicide Undetermined manner COUNTY Burial Gate of Heaven BP 24 FUNERAL DIRECTOR F. Hapress Mt. Rainier, **DHMH - 17** (VR A15 ME (5)) 20M 4/82

William Siritor Mr. Mr. Marketter - Contract of the Contract of DAVE . bys ccc - Still I - worknest I . ccc. cl. 100 - 510 kys. The second of the second secon Francis of the Bridge Town - Town Carlot State Company The Continue of the second sec

filled in by the funeral director, page 3 auld be filed within 72 hours after death

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO HOSPITAL OK ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

STATE OF MARYLAND FOR DI

| EPARTMENT | OF HE | ALTH | AND | MENTAL | HYGIENE |
|-----------|-------|------|-----|--------|---------|
| CEI | RTIFI | CATE | OF | DEATH | |

| | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO. | | | * |
|---------------|--|----------------------|--------------------------|------------|---------------------------------|------------------------------|---------------------|-------------|----------------------------------|
| | CEASED NAME FIRST | / | MIDDLE | L | AST | | NTH DAY | YEAR | 2b. HOUR |
| [146] | CARME | FLLA | m. | HI | UNTED | (1 | 07 | 85 | 10:05 PK |
| 3 SE | X | 4 RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHD | AY) IF UNI | DER LYEAR | IF UNDER 24 HRS HOURS MIN. |
| I | Female | Whit | e | Augi | ust 13 1915 | 70 | YRS. | DATS | HOURS MIN. |
| | IRTHPLACE (STATE OR FOREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 8 | D ENEVER MARRIED | 9. BALTIMORE CITY OR | | DEATH | |
| | Pennsylvania | USA | | WIDOWE | | TRINCE | GEO | ORG. | ES MD. |
| 10 C | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | B. KIND OF | F BUSINESS OR |
| CL | -INTON | South | LRN 1 | Md | HOSPITAL | Housewife | | own H | Iome |
| | AL RESIDENCE (IF NURSING HOME OF | | GIVE RESIDENCE BEFORE | | 13d INSIDECITY LIMITS? | 13e STREET ADDRESS / Z | IP CODE | | |
| 1 | | | Forest | | | 7310 Fores | st Ave | nue | 20747 |
| 14. F | ATHER'S NAME | MIDDLE | LAST | 2 | 15. MOTHER'S MAIDEN NA | ME | | LAST | |
| | Frank | | Barone | 9 | Jennie | | | More | 2110 |
| | WAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | E- 1 | 57. 63 | |
| | No | TO THE OR DETECT | 577-20 | -288 | Francis N | W Hunter | Sa | meas | s #13 |
| | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE | nly ane cause per | Jine for (a), (b) and | 378 | 000 | (= () | | BETWEEN | MATE INTERVAL DISET AND DEATH |
| | | TE CAUSE (a) | -liphate | eor | of Kenny | 1 amount | , | | |
| | Charles Sales | DUE TO. Q | RAS CONSEQUE | NCE OF | ~ 0. | 101 | 1 | 100 | 0.() |
| | Conditions, if ony, which gave rise to immediate | (b) | June | NA | phu A | wante | Day | 812 | vec. |
| | couse (a), stating the underlying cause last. | DUE TO, O | RAS A CONSTOU | CE OF | to Kill | ^ | | | |
| | | (c) | MARK | 01 | Jene | | | | |
| z | PART 2 OTHER SIGNIFICANT | CONDITIONS <u>CC</u> | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISTASE OR CONDIT | ION GIVEN IN | V PART Ita | 1 |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 1262 MILOSY9 12 | Ob. IF YES, WE | RE FINDIN | IGS USED |
| EF. | | | | | | | CERTIFYING YES T | | |
| ER | 210. ACCIDENT WAS UNDERLYING | 21b. TIME O | FINJURY | - | 21c HOW INJURY OCCUR | Street Street | | OR PART 2) | 110 |
| | OR CONTRIBUTING CAUSE OF DE | A111 | M. MONTH DA | | | | | | |
| MEDICAL | 214 INJURY OCCURRED | R) P. | | 19 | 211 LOCATION | | | | |
| W | WHILE NOT WHILE AT WORK | (AT HOME, STR | REET, FACTORY, OFFICE FA | ARM, ETC) | STREET | CITY OR TOWN | C | OUNTY | STATE |
| | 22a I certify that (I) (this hosp | italy ottended th | e deceosed from_ | 10 | 18 19 () | | 19_ | 28 | that (I) We Wast |
| | saw the deceased always above e) (did (did no | 211 | 19 8 | , ar | nd that in (my) (our) opinion a | death accurred an the date | and haur and | fram the c | causes stated |
| | 22b SIGN TURE | arr yiew the body | arre span | | DEGREE | | | 22c. DATE S | SIGNED |
| | Jun | the | 1 Mm | n | ATTENDING PHYSICIAN | MEDICAL STAFF | NO | 111 | 7/85 |
| 1 | 22d. PHYSICIAN'S NAME ATYPE | OR PRINTI | () | | 22e ADDRESS | 11 1 | 200 | | |
| | CH. W | BTH | NSW. | | Waldo | nd was | Sol | 001 | |
| | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c N | IAME OF C | EMETERY OR CREMATORY | 23d POCATION | # O | YIMU | STATE |
|] | Burial | 11Nov | 1985 F | ort 1 | Lincoln Ceme | etery\ Bre | entwoo | od | Md |
| 24 F | UNERAL DIRECTOR NAME RObert E | Wilhel | m ADDRESS. | . 7 | 250 DAT | E REC'D. BY NEGISTRAR 251 | REGISTRAR'S | | |

Suitland, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Funeral Home

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove corrio with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at IMPORTANT: If them 2 is marked at Item 18 states are virtury, or other traumatic.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | • | Si age | | |
|----------|---|--------|--|--|
| | | | | |
| REG. NO. | | | | |

| | 133 | REGISTRAR | | | | CERTIF | ICATE OF DEA | TH | REG. NO. | | | |
|-----|---------------|--|---------------------|-------------------|-------------------------------|-------------------|---------------------------|--------------|---|-------------|-------------|--------------------|
| | | | FIRST | A | AIDDLE | l | AST | | 20 DATE OF DEATH MONTH | DAY | YEAR | 2b. HOUR |
| 1 | CLYPE | OR PRINT) | Mary | Eli2 | abeth | Hutch | incon | | November | F 10 | 0.5 | 5:45A M |
| | 3. SEX | | Tall y | 4. RACE | and on | 5. DATE C | | | November 6. AGE (IN YEARS LAST BIRTHDAY) | | RIYEAR | IF UNDER 24 HRS |
| / | | Female | 6.1 | White | | Jan | . 18. 19 | YEAR 29 | 56 yr | MONTHS | DAYS | HOURS MIN, |
| M | | RTHPLACE (STATE OR FOR | REIGN | 76 CITIZEN OF | WHAT COUNT | TRY? 8. | | | 9. BALTIMORE CITY OR COU | | ATH | |
| 1 | | ashington, | D.C. | U.S.A | | WIDOWE | D NEVER MAR | RCED | Prince Georg | e's | | MD. |
| 11. | 10. CI | TY OR TOWN OF DEATH | Н | | | | R OTHER INSTITU | TION | 120 USUAL OCCUPATION | | | F BUSINESS OR |
| 4 | /1 | aurel | | , | T.ALTE | | ville Hos | nital | Housewife | | USTRY | lome |
| 1 | | AL RESIDENCE (IF NURSING | | OTHER INSTITUTION | GIVE RESIDENCE | BEFORE ADMISSION) | 1 - 5 - 1 | | | | | TOMO |
| 1 | 1000 | aryland | P. | | Green | | 13d. INSIDE CITY YES X NO | D [] | 13e.STREET ADDRESS / ZIP C 2-S Plateau 1 | | 207 | 70 |
| 1 | J4. FA | ATHER'S NAME | | WIDDIE | LAST | | 15 MOTHER'S M. | | AE MIDDLE | | (a) | |
| - | FI | rederick | | | leinema | | Mary | T | WIDDLE | 1 | lasi ene | |
| , | 16a. V | VAS DECEASED EVER IN | | | 166. SOCIAL | SECURITY NO. | 17. INFORMANT | 200 | ADDRESS A | | | |
| | No | | (IF YES, GIV. | E WAR OR DATES) | 579-3 | 4-1691 | Mr. Fr | ederic | k W. Hutchins | n | N O7 | # 13. |
| | | 18 CAUSE OF DEATH | | | line for (a), (b |), and (c).) | | | | | APPROXU | MATE INTERVAL |
| | | PART 1. DEATH WAS | | E CAUSE (a) | DARMA | ac An | REST | | | | | |
| | | | VIMEDIAI | | AC A CONC | | | | | | 110 | |
| | | Conditions, if ony, v | which | DUE TO, OF | AS A CONSI | 5 SCP 120 | tic Ca | n dia | warealow dis | 2018 | | |
| | 63 | gave rise to imme | diate |) | | | / | DELOCO | varent of | | | |
| | | cause (a), stating underlying cause | lost. | | Dea Bes | EQUENCE OF | elitus. | Sta | No Sow | 0 | | |
| | | DART 2 OTHER SICKUL | EIC ANT C | (0)_9 | | | | THE TERM | NAL DISEASE OR CONDITION | CIVE ALIALI | DADT 1 | |
| | Z | 70 1 | | | | | 9 0 | THETEKMI | NAL DISEASE OR CONDITION | GIVEIN IN I | AKI IIO | |
| - | CERTIFICATION | Bed 1 | 1026 | 1114 | TION FOR WI | | N WAS PERFORM | - W | 200 AUTOPSY? 206 II | YES, WERE | FINDIN | GS LISED |
| / | 윤 | THE DATE OF OPERATION | J14 | 170 CONDI | TIOIT TOK WI | TICH OF ERATIO | IN WAS FERFORM | | IN CE | RTIFYING | AUSES | OF DEATH? |
| - | E | 21g. ACCIDENT WAS UNDER | WWW. 5 | 1 216. TIME O | F IN III IDV | | 121- HOW BUILD | N O C C LIBR | YES NOT | YES [| | NO 🗌 |
| 1 | | OR CONTRIBUTING CAL | _ | 11-11-11-11 | | DAY YEAR | ZIC HOW INJUR | OCCURR | ED (ENTER NATURE OF INJURY IN ITEM | 18 PARTIOR | PART 2) | |
| | O. | (IF EITHER NOTIFY MEDICAL | _ | | | 19 | | | | 571 | | |
| | MEDICAL | 21d INJURY OCCURRED | | 21e PLACE (| OF INJURY EET, FACTORY, OF | FICE, FARM, ETC.) | 211 LOCATION STREET | | CITY OR TOWN | co | UNTY | STATE |
| | | AT WORK AT WORK | П | | | | / | | / / | | | |
| | 34 | 220 I certify that (I) (t | | 1,101 | deceased fr | | 7/85 | 19 | _, to | . 19 | | that (I) (we) last |
| | | saw the deceased above, (1) (we) (did | alive on, did no | t) view the body | ofter death. | 19, or | id that in (my) (au | r) apinion d | eath accurred an the date and | haur and fi | om the o | auses stated |
| | | 22b. SIGNATURE | DE. | | | | DEGREE | luca! | 1 | 22 | C DATE | SIGNED |
| | | 24KS | Sh | m.D | | | ATTE | SICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 1 | 11/5 | 185. |
| | | 224 PHYSICIAN'S NAM | AE (TYPE O | R PRINT) | 100 | | 22e ADDRESS | | | | | |
| | | YEAR-Ki | Don | H. You. | N | SICHEL | 5506 K | enila | orth ase. K | und | cle | ind |
| | | BURIAL, CREMATION, RE | MOVAL | 23b. DATE | | 23c. NAME OF C | EMETERY OR CRE | MATORY | 23d LOCATION | COUN | TV | STATE |
| | | Buria | 1 | Nov.8 | 1985 | Cedar H | ill Ceme | tery | Suitland | P.C | | tary land |
| | | | | | | | | | | | | |

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

should be detached for use as the with the State Dept. of Health and IMPORTANT: If Item 21 is marked

| Barran de la companya | (10 h h | dioderifs | |
|--|---------------|------------|------------------|
| | Jan. 18, 1020 | 9111 | of man |
| n'estel acel | × | .4.8.1 | Wastington, P.C. |
| Tourest'e Own Torre | elecolocitics | | foguet |
| 2-1 Platenu Place 20778 | 7 31 | acad an | narylani markani |
| overni na neme asembli | A.107. | (in olio | red lord cit |
| ck W. Butchinenn 'o' le. | inches | - 1 - 17 m | n) |

Surial Nov.8,1985 Codor Hill Cootery Suitland P.A. yarelund P. Gasculs Conc P.H. D.L. Syntlevillo, Marrians

THE TO SHOW THE PROPERTY OF THE PARTY.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CERTIF | ICATE OF D | EATH | | REG. NO. | | | | |
|---|---------------|--|----------------|-------------------|---|--------------|---------------|---------------------|--------------------------------------|--------------------|-----------------|----------------|---------------|---------------|
| | | EASED NAME | FIRST | A | AIDDLE | t | AST | | 2a. DATE OF D | | H DA | Y YEAR | 26 HOU | JR - |
| | (11.2) | | ISY | LC | DUISE | HUTC | HISON | | NOV. | 1, 198 | 5 | | 4:4 | 5P |
| | 3. SEX | | | 4 RACE | | 5. DATE C | | WE AD | 6. AGE (IN YEA | RS LAST BIRTHDAY | | UNDER I YEAR | IF UNDER | 24 HRS |
| |] | FEMALE | | WHITE | | | | 921 ^{YEAR} | 64 | , | YRS. | THIS DATE | HOURS | Activ |
| 1 | | OUNTRY) | ORE IGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 MARRIEI | NEVER M | ARRIED D | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | | | |
| | | WASH D.C | ! | U.S.A | | WIDOWE | D DIV | ORCED 🔀 | PRINC | CE GEO | RGE | S' | | М |
| 1 | 10 CIT | TY OR TOWN OF DEA | TH | | HOSPITAL, NURSING FACILITY, GIVE STREET | | R OTHER INST | HUTION | 12a. USUAL OC (TYPE OF WORK F | OR MOST OF WORK | KING LIFE) | 12b. KIND (| | ESSO |
| 1 | | UITLAND | | 3527 | TERRACI | | VE | | HOME | KEEPER | | 1 | 20 | 3 |
| | 13a. S | L RESIDENCE (# NURS) TATE RYLAND | 13b COUR PG | | SUITL | /N | 13d INSIDE CI | TY LIMITS? | 13e STREET AD 3527 | TERRA | | DRIVI | e E | |
| 0 | 14 FA | THER'S NAME | | MIDDLE | ŁAST | | 15. MOTHER'S | | | MIDDLE | | LA. | | |
| | | JAMES | FR | | ANHAM | | DEI | LLA | VIRGI | | P | AGE | 21 | |
| | | AS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | JRITY NO. | 17. INFORMAL | NT | | ADDRESS | | F. 3 | | |
| H | | NO | , , , , , , | | 577-26 | -0500 | DON I | LUTHER | HUTCH | ISON | Sa | me As | s #1 | 1 |
| í | | 18 CAUSE OF DEATH PART I. DEATH W | H (Enter or | nly ane cause per | line for (a), (b), an | dista M | ONARN | AOR | 777 | | | BETWEEN | I ONSET AND | RVAL DEATH |
| | | PARTI. DEATH W | IMMEDIA | TE CAUSE (o) | CARDIC | Podi | | TECH | 1021 | | | 100 | 75.5 | |
| | | | | DUE TO, OF | R AS A CONSEOU | ENCE OF | 11106 | - COR | CINIOME | 1 | | 734 | | |
| | | Canditians, if any, | | (b) | DUE TO, OR AS A CONSEQUENCE OF LUNG CARCINOMA | | | | | | | | | |
| | | cause (a), statin underlying cause | | DUE TO, OF | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| | | DART 2 OTHER SIGN | HEIC ANIT | (c) | (c) IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | | | |
| 4 | Z | PART 2. OTHER SIGN | AILIC WISH | CONDITIONS CC | JIVIKIBUTING IO | DEATH BOT | NOT KELATED | TO THE TERM | INAL DISEASE | JK CONDITIO | IN GIVE | Y IN PART I | 0 | |
| 7 | CERTIFICATION | 190 DATE OF OPERAT | ION | 198 CONDI | TION FOR WHICH | 200 AUTOP | | | WERE FIND | | | | | |
| 7 | E | | | | | | | | YES | NOU INC | CERTIFYI YES | NG CAUSES | S OF DEAT | |
| à | ER I | 210. ACCIDENT WAS UND | _ | 216. TIME O | | AY YEAR | 21c. HOW IN. | JURY OCCURE | RED (ENTERNATU | RE OF INJURY IN IT | EM IB PAR | I I OR PART 2) | | |
| n | | OR CONTRIBUTING C | | ATH. | M. MONTH D M. | AT TEAK | District to | | | | | | | |
| J | MEDICAL | 21d INJURY OCCUR | RED | 21e PLACE C | OF INJURY | A DAA SYC I | 21f. LOCATIO | N | | CITY OR TOWN | | COUNTY | | STATE |
| H | 2 | AT WORK AT WOR | RK | TAT HOME STA | ELT, PACTORT, OFFICE, | ARM, CIC. | | | | | | | | |
| | | 22a.l certify that (I) | | 10 | | - | 7 - 8 | , 19 85 | , to | 11-4 | , 19 | | , that (I) (v | |
| H | | saw the decease | | | 17 | | | (aur) apinian (| death occurred | on the date an | d haur d | | | oted |
| ı | | 22h SIGNATURE | 11 | 211 | L | | DEGREE | TTENDING | MEDICAL | STAFF | | 22c. DATE | SIGNED | |
| | | | | mofund | 200 | | 1.6 . F | HYSICIAN | DIRECTOR | | | 11/13 | 182 | |
| | | MARK 1 | | CHURST | ·MD | | 7100 | RAL | T. AUE ; | # 401 | COL | 115 | PAR | 10 |
| _ | | | | | | | 1// | | | | | | | |
| | | URIAL, CREMATION, | REMOVAL | 23b. DATE | 73€. | NAME OF C | EMETERY OR C | REMATORY | 23d. LOCAT | | | COUNTY | S | STATE |

hould be detact MPORTANT: IF

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME ROBert & Wilhelm Funeral Home

7Nov1985

Burial

ADDRESS Suitland,

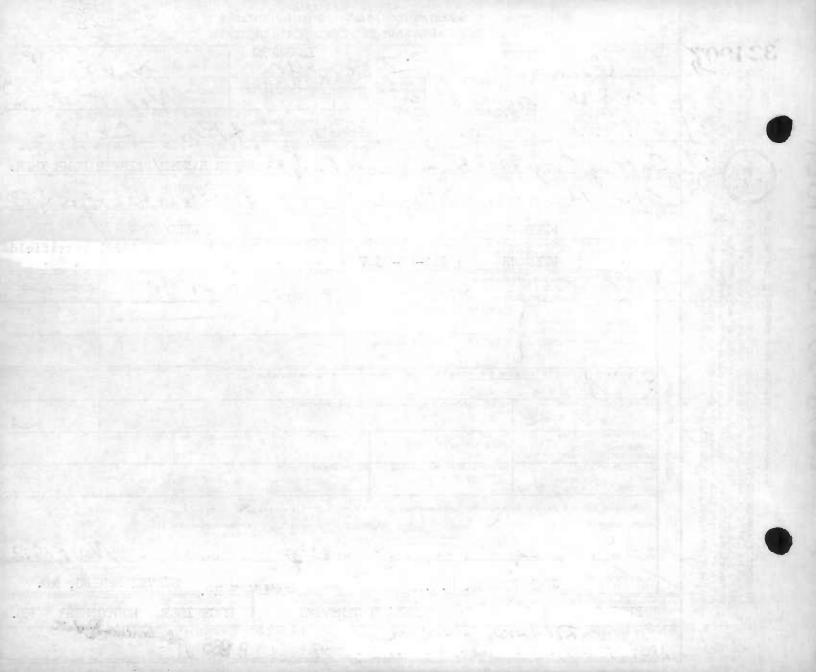
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Suitland

| ACATO | 1 - | FOR STATE REGISTRAR | DEPA | STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH | | 2051 |
|--|-------|---|--|--|---|---|
| 46156 | | EASED NAME FIRST | MIDDLE | AST | REG. NO. 70. DATE OF DEATH MONTH | DAY YEAR 2b. HOUR |
| may be page 3 er death | (TYPE | WILL WILL | iam | Inglation. | 11 0 | 28 85 1119 |
| moy . po | 3. SE | (| 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HI |
| ge 4 | in. | Male | White | July 2, 1900 | 85 YRS. | MONTHS DAYS HOURS M |
| Pour Hour | 7a. 8 | RTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNT | | | YOFDEATH |
| nero | Ne | WYork | U.S.A. | WIDOWED DIVORCE | | - (#E) 1 m (5 m) |
| 1 1 3 7 | 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | RSING HOME OR OTHER INSTITUTIO | | 126 KIND OF BUSINESS (|
| 190 | | Adelphi | Presidenti | | H Resale Clerk | United Ai |
| 2 52/20/ | USU. | | E OR OTHER INSTITUTION, GIVE RESIDENCE ! | EFORE ADMISSION) | ITS? I3e.STREET ADDRESS / ZIP COD | E 20903 |
| 2 動 60 | 75.07 | | ntgomery Sil. | C | | pshire Ave. |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 14. F | THER'S NAME | MIDDLE LAST | 15. MOTHER'S MAID | ENNAME | |
| 7 98/8/ | 1 | William | Ingle | ton, Sr Helle | U WIDDLE | Webster |
| 1 1 | | VAS DECEASED EVER IN U.S. | | SECURITY NO. 17 INFORMANT | | 05 Bodmer A |
| i is n | 1 | (ES, NO OR HINKNOWN) (IF YES | GIVE WAR OR DATES! 577-1 | 2-1816 Villiam | Ingleton III Poo | lesville, M |
| 1 11/1 | 7 | 8 CAUSE OF DEATH (Enter | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| 400 | | | r only one cause per line for (a), (b USED BY: DIATE CAUSE (a) CON | cesture Heart | Failure | 2days |
| ting or the | | INVINCE | DUE TO, OR AS A CONSI | | | |
| the contract of the contract o | | Conditions, if any, which | (b) A1H | eroncleration Hi | ecry Duraie | Tecro |
| he d he d he d he d | | gove rise to immediate couse (a), stating the |) | | | |
| office of | | underlying cause last. | DOE TO, OR AS A COINSE | - GOENCE OF | | |
| Part of Marin | 125 | PART 2 OTHER SIGNIFICAN | NT CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO TH | E TERMINAL DISEASE OR CONDITION GI | VEN IN PART To |
| Ther age | 20 | multiple | Cerebroucoculo | A 1 1 | racetes mollitus | |
| 1 21 17 | 13 | 190 DATE OF OPERATION | | HICH OPERATION WAS PERFORMED | 700 AUTOPSY? ZOb. IF YE | S, WERE FINDINGS USED |
| 71 941 1 | TF | NIA | | N/A | | FYING CAUSES OF DEATH? |
| 71 05 000 | CER | 210. ACCIDENT WAS UNDERLYING | | 21¢ HOW INJURY C | OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| A STATE OF | A | OR CONTRIBUTING CAUSE OF | | DAY TEAK | | |
| Sep of W | MEDIC | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| 01 110 1 | × | NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OF | FICE, FARM, ETC) STREET | CITY ON TOWN | COUNTY STATE |
| No de se | | | aspital) attended the deceased from | om 4/29 19 | 25 to 11/28 | 19.21, that (1)(we) ! |
| THE STATE OF THE S | 10 | | | | pinion death accurred on the date and ha | |
| A SEE SE | | 22b. SIGNATUR | nati view the body after death. | DEGREE | | 22c. DATE SIGNED |
| 01 030 . | | wah | 1.40 | MD ATTEND | ING MEDICAL STAFF | 11/24/41 |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 22d. PHYSICIAN'S NAME (V | PE OR PRINTS | 22e ADDRESS | | 1 1100 100 |
| ound be | | 200 H. | Yeblanoput | mp 10300 | Green pely Rd | , Jeobrook |
| D | 730 6 | SURIAL, CREMATION, REMOV | | 23c. NAME OF CEMETERY OR CREMA | | |
| RP | | SPECIF : | | | CITY OR TOWN | COUNTY STATE |
| br | | Cremation UNERAL DIRECTOR | 12/3/85 1 | Cedar-Hill Cre | matory. 50. Date Rec'D. By REGISTIAR ISL HEGIS | nd, Md. P.G |
| DHMH - 16 60M 7/84 | C | olumbia Mor | cuary service | D, Lille | JEC 9 19851 Julia | Sandon Adodos |
| (VRA 15, 4) | _2 | 25 Missouri | AWA N. W W | ash .: D. C: | S. 200 | . m. M. h. freezo |

| | 1 | FOR | D | EPARTMENT OF HEAL | TH AND MENTAL HY | GIENE W | 1 6. 0 3 6. |
|--|---------------|---|---------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|--|
| | 11 | STATE REGISTRAR | MED | ICAL EXAMINER'S | CERTIFICATE OF | DEATH REG. N | 40. |
| 324007 | | CEASED NAME FIRST | AMUEL | B. T. | ISENBURG | | MONTH DAY YEAR 25 HOUR |
| ARY, PLEASE L DIRECTOR. YOUR FILES. 10 72 HOURS | 3. SE: | n w | 5. DATE OF BIRTH | | UNDER 1 YR. IF UNDER 24 | | MONTH DAY YEAR 28 HOJS |
| NECESSARY, UNERAL DIRE 5 FOR YOUR WITHIN 721 | V. | IRTHPLACE (STATE OR PREIGN COUNTRY) (ash., D.C. | 75 CITIZEN OF WHA | MA WIDO | RRIED NEVER MARRIED | | Leova e, s' ME |
| (1000) | 10 | Cotton of DEATH | 3700 B | 12 Length was | n 1 | | PAINTER HOME IMPR. |
| | 130 | TAJE PRINCE IN MORSING HOMEO | or other institution, give | 13: CITY OR TOWN | YES NO [| 3700B/2 da: | 20722, ns 1 wy R 4 43 |
| DEATH. DEATH. MA PAN A P | | | NOWN | LAST | 15. MOTHER'S MAIDEN | UNKNOW] | |
| S AFTER I GIVE PAC TH FOR PAGES Y VISION | (1 | NAS DECEASED EVER IN U.S. ARA IES, NO, OR UNKANOWN) (IF YES, GIVE YES UNK | MED FORCES? WAR OR DATES) CNOWN | 212-68-0587 | NELL ANGEL | RIEND) TPM IER.1204 WIND | ÉR MARLBORO, MD. ERMERE CT. 20772 |
| ON ST., I A HOUR TEM 18. ONG WI FERMIT. IENE, DI | | 18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIATED | E CAUSE (a) | Jonte 1 | hyocal | dis (Di | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| WITHIN 2 WITHIN 2 NCIL IN II INER ALK RANSIT F ITAL HYG | | Conditions, if any, which gave rise to immediate | (b) | S A CONSEQUENCE OF | | | |
| EXECUTED W. NG" IN PENG INCLEXAMIN NGMENT - TR A BURIAL - | | cause (a) stating the <u>under</u> lying cause lost. | (c) | S A CONSEQUENCE OF | | | |
| F VITAL RECORDS, 20 TE SHOULD BE EXECUT WOND "PENDING" IN HE CHIEF MEDICAL EN DE USED AS A BURIA BENT OF HEALTH AND A DBURKAL, CREMATION | NO | PART 2 OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERMINAL DIS | EASE OR CONDITION GIVEN IN PART | 1 (0). | |
| VITAL RESPONDE ORD "PECHIEF A REUSED." PECHIEF A REUSED." PECHIEF A REUSED." PECHEF | CERTIFICATION | 190 DATE OF OPERATION | e 196 CONDITIO | ON FOR WHICH OPERATION | WAS PERFORMED? | | 20 AUTOPSY? YES □ NO □ |
| CERTIFICATE SH CERTIFICATE SH DED TO THE COPED TO THE COP | | 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | | MONTH DAY YEAR | HOW INJURY OCCURRED | (ENTER NATURE OF INJURY IN ITEM I | 8 PART 1 OR PART 2) |
| DIVISION HIS CERTING WRITING MARDED 1 AGE 3 SHATE DEPARTED FROM 11201 PROM 11 | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | STREET FACTO | | LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| EXAMINER: T CERTIFICATE, UILD BE FORW, UILD BE FORW, WITH THE ST MARYLAND, 2 | | 22a. I certify that I taak charg | - | ibed abave, held an Aut | tapsy , Inspection | Inquiry , c | and in my opinion |
| CAL EXAM THE CERT SHOULD BE SHOULD BE FRATH, WITT ORE, MARY | | ACTUAL SIGNATURE | DM | Abern | M.D. D CY | _MEDICAL EXAMINER | DATE NOV 8 19 55 |
| S C A TED | K | KAMINER'S NAME JOE | IN ROGERS. | M.D. | _ADDRESS_SEMIN | | /ER SPRING, MD. |
| 07/84 BP | L' | URIAL, CREMATION, REMOVAL 2 SPECIFYBURIAL | 11/15/85 | PARKLAWN C | OR CREMATORY EMETERY | 23d. LOCATION CITROCKVILLE | MONTCOMERY MAR MD. |
| 25M DHMH - 17 (VR A15 MF (5)) | 24 F | TYPONE | +BRD ADDRESS | APP, INC | 250. DATE REC | C'D. BY REGISTRAR (1) III | IN AMERICAN STREET |

STATE OF MARYLAND



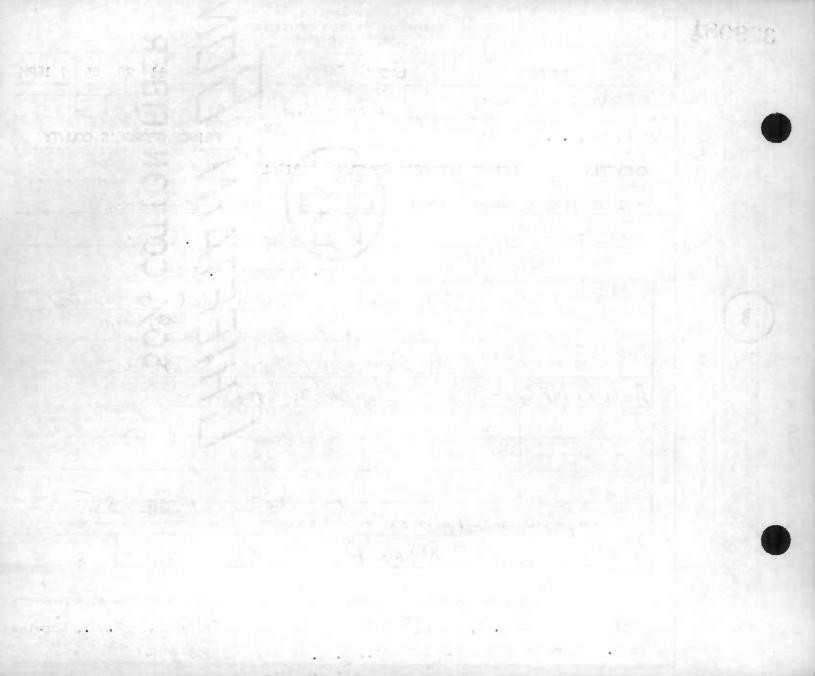
| | FOR | |
|---|-------|--|
| | FOR | |
| _ | STATE | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 379081 | 1. | FOR STATE REGISTRAR | | | DEPAI | | ALTH AND MENT CATE OF DEAT | | | REG. NO. | € £ | 0 | |
|--|-----------------------------------|---|---------------------------------|--------------------|-----------------|--|---|------------|-------------------------|---------------------------|----------------|----------------------|-------------------------------------|
| / | | CEASED NAME | FIRST | MIDI | DLE | U | ST | | 2a. DATE OF D | | H DAY | YE AR | 2b HOUR |
| nay be page 3 er death | { I YPE | OR PRINT) | RIONE | 00 | | LACEY | Isley | | | 1: | 1 29 | 85 | 9 16PM |
| Page 4 may director, pag hours after de | 3 SE | Male | | Black | | 5. DATE O | | EAR | S. AGE (IN YEAR | | MONTH | DER I YEAR | HOURS MIN. |
| n 72 hou | | RTHPLACE (STATE OR FOR STATE OR FOR D | | USA | HAT COUNTR | MARRIED | | | | CITY OR CO | | | DUNTY MD. |
| s ofter d by the fu iled with | - | CHEVERLY | 123 | PRINCE | CFORE! | E S GEN | ERAL HOSP | TTAL | 120. USUAL OC | CUPATION REOST OF WORK | (ING LIFE) 12 | b. KIND O NDUSTRY | F BUSINESS OR |
| n 24 hours after death. filled in by the funeral rould be filed within 72 t | | AL RESIDENCE (IF NURSIN STATE | ghome or c 3b COUNT Princ | e George | COTY OR TO | FORE ADMISSIONI OWN Die Hil | 13d. INSIDE CITY LI/ . S ES [X NO | | 3.STREET AD 4101 | DRESS / ZIP Leisure | code Driv | 20 | 748 |
| within within | 14 F/ | ATHER'S NAME | | IDDLE | LAST | | 15 MOTHER'S MAIL | DENNAM | | MIDDLE | | LAS | T |
| completely s I and 2 sh | 1 | Ronald Is | | ioote | (43) | | FIR51 | Marg | | T. Is | ley | 175 | |
| (i) T) (i) (i) . Y | | VAS DECEASED EVER IN | | NED FORCES? 16 | b. SOCIAL SE | CURITY NO. | 17 INFORMANT | | | ADDRESS | | | |
| n and no and medic | | TES, INC OR DINKING WINT | | lo | | | Mrs. Ma | argar | et T. | Isley | 3 | | |
| vof. | | 18 CAUSE OF DEATH PART I. DEATH WA | Enter anly | one cause per lin | e far (a), (b), | - | | 1 | | 0 2 : | + - | BETWEEN | MATE INTERVAL |
| C See on one | 1 | | | CAUSE (o) | SUD | h cem | 19 00 | 1830 | minal | | | | av |
| Dan pro notice | DUE TO, OR AS A CONSEQUENCE OF OR | | | | | | | | | Coas | Julay | m | |
| notion | | Canditions, if any, | | (b) | - | Dially | al 1080 | neuc | pneum | 20419 | | - | |
| that the d by the ease ren | | cause (al, stating underlying cause | | DUE TO, OR A | Peule | Rent OF | ratory | dist | ress s | Ynorth | me | | - Abo |
| requires en signe Then pl ar to buri | TION | Heule Kei | ial? | Trut OU | Wh. | 1 | Chrotic | HE TERMIN | HO SOY | ne | n Given II | | |
| The faw | CERTIFICATION | 90 DATE OF OPERATION | MR. | 196 CONDITIO | | ICH OPERATIO | |) / | | 40 IN (| YES 🗌 | CAUSES | NGS USED OF DEATH? |
| YSICIAN: T ding physici s certificate ourial-transi Mental Hyggir it fem 18 sh | 20 | 21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA | USE OF DEAT | HOUR A.M. | | DAY YEAR | 21c. HOW INJURY | OCCURRE | D (ENTERNATUR | RE OF INJURY IN IT | EM 18 PART 1 (| ORPART 2) | |
| offending of the busing the business of the business | MEDICAL | 21d INJURY OCCURRE | | 21e PLACE OF | | CE FARM ETC) | 21f LOCATION STREET | | | CITY OR TOWN | | COUNTY | STATE |
| TTENDIN bital ar TOR: Af far use o of Health | | 22s.t certify that (I) (s you the deceased debays; (I) (we) (di | alive on_ | al) attended the o | 919 | 0 | d that in (my) (aur) | apinion de | , to eath accurred t | on the date ar | | | that (I) (we) last couses stated |
| the has the has toched toched e Dept | | THE SCHATURE | Sus | 96 | | 1) MRE | ATTEN | IDING | MEDICAL DIRECTOR [| STAFF | | 22c. DATE | SIGNED |
| TO HOSPITAL (retained by the TO FUNERAL E should be detain with the State E IMPORTANT: If | | 230 PHYSICIAN S FIAM | AE ITTEL | (T) | | <i>J</i> • <i>I</i> • • <i>I</i> • • <i>I</i> • • • • • • • • • • • • • • • • • • • | 22e ADDRESS | ICIAN E | DIKECTOK [| THI SICIAN | | 1 | |
| Of of of M | | BURIAL, CREMATION, RI | EMOVAL | 23b. DATE | | | METERY OR CREM. | | 23d. LOCATI | | 300 | UNTY | STATE |
| BP | | Burial | | Dec. 3. | 1985 | Lincoln | Memorial | | Şu | itland | . P | G | Marylan |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 F | ohm T. Rhin | es Co | ompany 3 | 3015 | 2th St. | , N. E. | 25a DATE | REC'D. BY REC | S A STA | EGISTRAR | SSIGNA | |

C.

20017



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

| REG. NO. |
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| |

| REGISTRAR | | | CERTIFICATE OF D | EAIH | REG. NO. | | | - Fr |
|---------------------|-------------------|---|------------------|------------|--------------------------------|----------------|-----------|------|
| 1 DECEASED NAME | FIRST | WIDDLE | LAST | | 20. DATE OF DEATH MONTH | DAY YEAR | 2b HOU | JR |
| (TYPE OR PRINT) | Martin | F. | Iverson | | November 4 | 1985 | 9:0 | OA M |
| 3. SEX | | 4. RACE | 5. DATE OF BIRTH | Par II | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEA | | _ |
| Male | | Caucasian | November 5, | 1892 | 92 YRS | MONTHS DAY | 5 HOURS | MIN. |
| | TE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER | 400ED [] | 9 BALTIMORE CITY OR COUN | TY OF DEATH | | |
| Maine | | U.S.A. | | ORCED | Prince George | e's | | MD. |
| 10. CITY OR TOWN OF | FDEATH | 11. NAME OF HOSPITAL, NURSIN | | | 120 USUAL OCCUPATION | | OF BUSINE | |
| Oxon Hill | | 1515 Ferguson | Lane | | Builder - Retii | red Con | struct | tion |
| USUAL RESIDENCE (IF | F NURSING HOME OF | OTHER INSTITUTION GIVE RESIDENCE BEFORE | | TY LIMITS? | 13 SIREEL ADDRESS / ZIP CO | DE | 2074 | 5 |
| Maryland | Princ | ce George Oxon H: | III YES X | NO | 13 SIREEL ADDRESS / ZIP CO | Lane | | |

Maryland 4 FATHER'S NAME FIRST Iver

TYES NO OR UNKNOWN

PART I. DEATH WAS CAUSED BY.

Conditions, if ony, which gove rise to immediate couse (0), stoting the

underlying couse lost.

21d INJURY OCCURRED

Yes

CERTIFICATION

morked or Item

Heolth

shauld be detach with the State De

MIDDLE Hanson 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

IMMEDIATE CAUSE

Iverson 66 SOCIAL SECURITY NO

LAST

220-28-5367

17 INFORMANT Peg Greenway

15. MOTHER'S MAIDEN NAME

Rosa

1515 Ferguson Lane Oxon Hill, Maryland

Amanda

18 CAUSE OF DEATH Enter only one couse per line for (a), (b fond (c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

20a AUTOPSY?

NOX

| ART 2 | OTHER, SIGNIFICANT | CONDITIONS CONTRIBUTI | NG TO DEATH BUT NO | T RELATED TO THE | TERMINAL DISEASE OR CON | IDITION GIVEN IN PART 1 0 |
|-------|--------------------|-----------------------|--------------------|------------------|-------------------------|---------------------------|
| | 11-10/ | | 2002 A A A A A A A | | | |

CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

MONTH DAY YEAR P.M 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

21f LOCATION

CITY OR TOWN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

COUNTY STATE

NO [

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

Droth

220.1 certify that (1) this hospital) attended the deceased from sow the deceased alive on Section obove. (1)(we) (did) (did not) view the bady after death

and that in my (our) opinion death occurred on the date and hour and from the causes stated DEGREE

23c NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

Ronald B. Landman, M.D.

23b. DATE

22e ADDRESS

9440 Pennsylvania Ave., Upper Marlboro, Md.

(SPECIFY) Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

11/7/85 Cedar Hill Cemetery

CITY OF TOWN Suitland

DHMH - 16 60M 7/B4 (VRA 15, 4)

6160 Oxon Hill Rd. George P. Kalas Funeral Home Oxon Hill, Md.

23d LOCATION

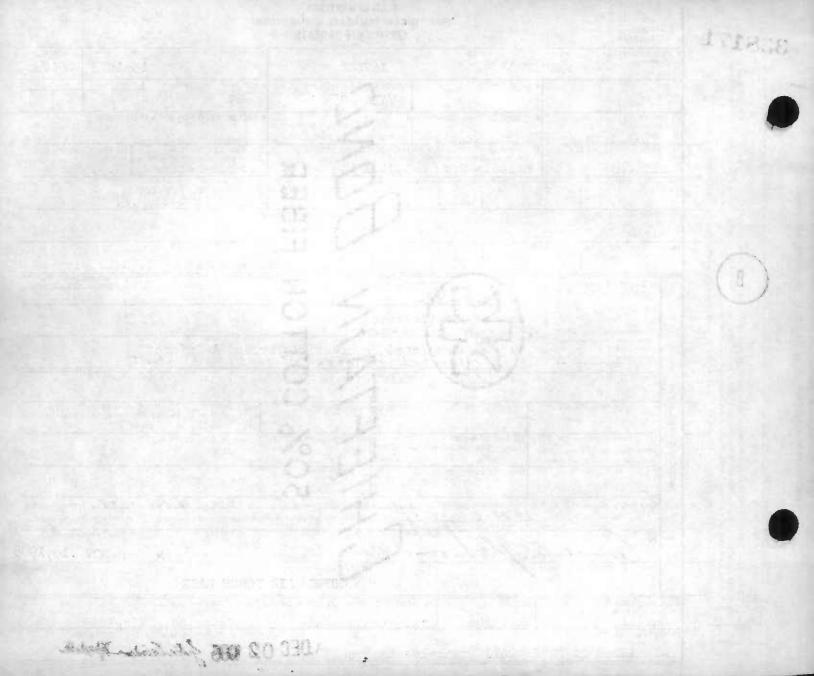
la Bay down Handall

the burial-transit and Mentol Hygue

DIVISION OF VITAL RECORDS.

| Howenhar L 1985 9:00A | 108 | · | N T ALTER | |
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| rince Teampe's | y | | | ini. |
| hillder - Hotimed Construction | | экслековир | v r 5800 | Oxon Rill |
| Lisis Yengtoon Line | C | III. nov | 0 8 4 00 40 EM | be fyrdi |
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| Floris Ave., Upper Mariboro, M | BILLO L VILLE | | • 6 | |
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| bmelgron .O.E bmillion | | rabe- | L. S. | |

STATE OF MARYLAND



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

REG. NO 20. DATE OF DEATH 2b. HOUR A AGE LIN YEARS LAST BIRTHDAYS IF UNDER 24 HRS 1928 **BALTIMORE CITY OR COUNTY OF DEATH** 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Carpenter Construction 13e.STREET ADDRESS / ZIP CODE Market Street 407 21629 MIOOLE Hutson Georgeanna ADDRESS Mrs. Betty Jane Jester, Denton, MD

| 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B | Neadle - Aa | y Failur | e | | XIMATE INTERVAL I ONSET AND DEATH |
|--|--|--------------------------------|--------------------------|--|--------------------------------------|
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | CA - Men | lustotie | | |
| PART 2. OTHER SIGNIFICANT COM | NOTIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMIN | NAL DISEASE OR CON | DITION GIVEN IN PART 1 | la . |
| 19a DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION | N WAS PERFORMED | 200 AUTOPSY? YES NO A | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES | |
| 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY OCCURRE | D (ENTER NATURE OF INJUI | RY IN ITEM 18 PART 1 OR PART 2) | |
| 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET | CITY OR TO | wn COUNTY | STATE |
| 22a I certify that (b) (this haspital) saw the deceased alive on | 11176 | d that in(my) (our) opinion de | to, to | 2 7 19 05 | , tha (I)(we) las |

Denton Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

Denton

STAFF

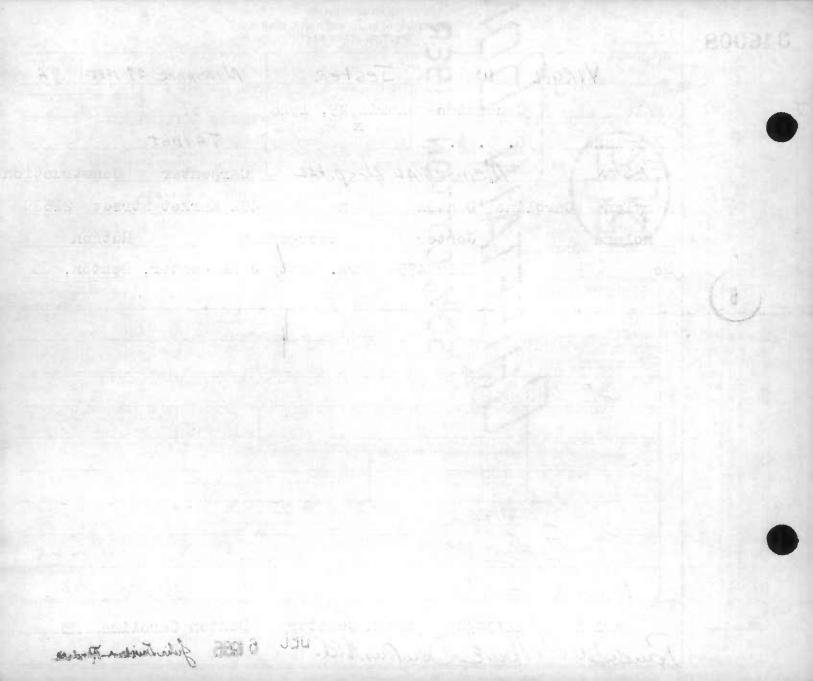
DIRECTOR PHYSICIAN

23d. LOCATION CITY OR TOWN

MEDICAL

22c. DATE SIGNED

STATE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

32351

| 1- | STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. N | 0 | |
|---|--|--|--|--|--|---|---|
| | CEASED NAME FROM | HIDDE | | AST | 28 DATE OF DEATH | MONTH DAT 15 | AM 75. HOUR |
| 10,00 | Burnic | e Talmaq | e Joh | nson | NOVEMBER | 4. 1985 | 9:30a M |
| 1. SE) | | 4 RACE | 3. DATE C | OF BIRTH | & AGE INVESTALLANTER | MONTHS | YEAR # UNDER 24 HRS. |
| | Male | White | Jul | | | 68vs | TAYS HOURS MAL |
| | ETHPLACE (SINTEON ORIGIN | 7% CITIZEN OF WHAT CO | OUNTRY? II. | | 9. BALTIMORE CITY O | | н |
| | orth Carolin | a USA | WIDOW | D NEVER MARRIED D | Prince G | eorge | MD |
| - | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | , NURSING HOME O | The State of the S | 12s. USUAL OCCUPATION OF WORK FOR MOST OF | ON 126 KI | ND OF BUSINESS OF |
| L | anham | DOCTORS' HO | SPITAL of | P.G.Co. | Barber | | sorial |
| | TATE TIME COL | OR OTHER INSTITUTION, GAR RESID | | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | Later To | |
| 100000000000000000000000000000000000000 | CONTRACTOR OF THE PROPERTY OF | George For | | | 5904 Che | | 20747 |
| | THER'S NAME | MODE | (AU) | 15, MOTHER'S MAIDEN N. | AME | | |
| | Garland | | Tohnson | Cora | AHODEE | Hear | ne |
| | AS DECEASED EVER IN U.S. A | RMED FORCES? IM SOC | | 17. INFORMANT | ADDRI | 155 | |
| 100 | | 41-1946 238 | 18 247 | Nancy D J | Tohnson | Same as | #13 |
| | 11 CAUSE OF DEATH (Enter | | or the made of | . 11 | | THE RESERVE AND ADDRESS OF THE PARTY OF THE | PROSPARTE PREEVAL REEN CROST AND DEATH |
| | PART L DEATH WAS CAUS | SED BY | to Cerci | eller pel | eunihore | - | STREET, SOUTH ASSESSMENT |
| | MAMEDI. | ATE CAUSE (10) | te te | | 1 | | |
| 100 | The state of the s | DUE TO, OR AS A CO | ONSEQUENCE OF | | | | |
| 0.1 | Conditions, if any, which | ((6) | | | | | |
| | gove rise to immediate cause (a), storing the | | A Company of the Company | | | -15 5 60 | |
| 177 | underlying couse lost | DUE TO, OR AS A CI | DINSEQUENCE OF | | | | |
| | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUT | DNG TO DEATH BUT | NOT BELATED TO THE TER | MINAL DISEASE OF CON | DUDNI GREN N. PA | DT Line |
| 2 | TAKE 2. OTTER SIGNAL CARE | CONDITIONS CONTRIBU | ING TO DENTI GOT | NOT RELATED TO THE TEN | MITTAL DISEASE ON COIT | DITEN STREET | N. 114 |
| CERTIFICATION | INE DATE OF OPERATION | 1% CONDITION FO | R WHICH OPERATIO | N WAS PERFORMED | 70s. AUTOPSY7 | 206 IF YES, WERE F | INDINGS USED |
| FR | | | | | YESTT NOT | IN CERTIFYING CA | USES OF DEATH? |
| ERT | 21s. ACCIDENT WAS UNDERLYING | 713. TIME OF INJURY | | THE HOW INJURY OCCU | RRED (ANTENNATURE OF PAUL | had | - Lord |
| 10.000 | ON CONTRIBUTING CHUSE OF D | THE RESERVE AND THE PARTY OF TH | | THE PROPERTY OF CO. | WHERE TENNESS OF SOUR | AT PASSED TO PASSED TO CORTA | M. 41 |
| ICA. | OF FIRMER, NOTIFY MEDICAL EXAMIN | the same of the sa | 19 | | District States | | |
| MEDICAL | 214 INJURY OCCURRED | THE PLACE OF INJUS | PE OFFICE FARM, ETC.) | THE LOCATION | CITY ON 10 | NAME OF THE PARTY | 52408 |
| | AT WORK AT WORK | / | N. | | - N. | | |
| | 77s.1 certify that to (this has | | | 1 18 1905 | 10 Det | 4 10/98 | L that (It (wir) last |
| 831 | sow the decrosed/alive of | The body offer dec | 19 /707 a | nd that in (my) (our) opinion | a death occurred on the di | ate and how and from | n the course stated |
| | 27h SIGNATURE | X/ | | DEGREE | Santa Santa | 225 | AT PIGNED |
| | Merce | 1 lek | end | ATTENDING | DIRECTOR PHYSIC | TANTI P | 000,4190 |
| 19 | 774 PHYSICIAN'S NAME ITH | | | 27e ADDRESS | | | 11- 11- |
| | Mandamin C | Donner M | | 6106 014 | | Forestvi | Ile, Ma |
| 22. 0 | Beajamin S | | .D. | EMETERY OR CREMATORY | Silver Hil | 1 Rd | |
| | URIAL CREMATION, REMOVA | | | | DRY OF 10WW | Che1ter | nham "Md |
| _ | Burial | 6Nov1985 | Maryla | nd Veterans | THE RESERVE THE PARTY OF THE PA | | |
| 74. FL | NERAL DESIGNET E | Wilhelm | Establish To The Control of the Cont | 75e. DA | ATE REC'D BY REGISTRAR | ZM. REGISTRAR'S SIC | NATURE |

DHMH - 16 50M 4/83

(VRA 15, 4)

Funeral Home

Suitland, Md.

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| TATE AND COUNTY PORTS - DELLEY, USED SPREED WITH BUILDING | |
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Suitland

(VRA 15, 4)

STATE OF MARYLAND

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FOR

REGISTRAR

- STATE

(VRA 15, 4)

9013 Annapolis Rd

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

moy be

In by the funeral director, page 3

STATE OF MARYLAND

| | 1 - | FOR STATE REGISTRAR | | DEPARTM | LENT OF H | E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH | GIENE S S | 2 3 | 6 |
|-----|---------------|---|--|--|------------------|---|--|-------------------|---------------------|
| | | CEASED NAME FIR | | WIDDLE | | AST | 20 DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR |
| | | Anne | | vi.rgini | aKid | well | November 13, 19 |)85 | 5:10A M |
| | 3. SE) | | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | HOURS MIN. |
| - 3 | Ph | Female | | casian | MONTH | 15 1930 | 55 YRS. | | |
| 35 | 7a. BII | RTHPLACE (STATE OR FOREIG | 76 CITIZEN OF | SA | MARRIE WIDOWE | NEVER MARRIED DIORCED | Prince Georges | MD. | |
| 14 | | ty or town of death Laure1 | LIF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | ville Hospita | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING 1 Housewife | | OF BUSINESS OR Home |
| 26 | 13a S | Md. | ome or other institution. County $P \cdot G$. | GIVE RESIDENCE BEFORE 131. CITY OR TOWN Laure1 | N | 136 INSIDE CITY LIMITS? YES NO. | 138 STREET ADDRESS / ZIP COI 5909 Windhai | | 20707 |
| 60 | 14 FA | George | MIDDLE | Bote | eler | 15. MOTHER'S MAIDEN NA FIRST Anne | WE | 1A | Colera |
| 1 | | VAS DECEASED EVER IN U | S. ARMED FORCES? | 166 SOCIAL SECUI | | 17. INFORMANT | ADDRESS | | |
| 1 | | no | | 218-24- | -3402 | Kennard K | idwell sam | e as 1: | 3e |
| | | Conditions, if ony, whi gave rise to immedia cause tal, stating t underlying couse to PART 2 OTHER SIGNIFIC | Ep | | | | | | |
| | NO | PART 2 OTHER SIGNIFIC | | | | | KIDNEY FAM | | 0 |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | - CARC | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF Y | ES, WERE FINDI | |
| 9 | | 210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX | OF DEATH HOUR A. | M. MONTH DA | Y YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (| OF INJURY EET, FACTORY, OFFICE, FA | ARM ETC) | 21f. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | | 22a.1 certify that (1) (this | | | | . 19 | , to | | that (I) (we) last |
| 7 | | saw the decessed oli obove. (It wer (Itigle 778 SIGNATURE) | W.F. | loss. | m. | 2 ATTENDING PHYSICIAN 4 | MEDICAL STAFF DIRECTOR PHYSICIAN | 220 DATE | SIGNED 13-D5 |
| | (| URIAL, CREMATION, REMO SPECIFY) CREMATION UNERAL DIRECTOR | 1 | 185 BAL | TO. L | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN ESC LAUREL EREC'D. BY REGISTRAR 25b. REGIS | COUNTY C. | STATE MD. |

LAURKL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OR ATTENDING PHYSICIAN: The low

> DHMH - 16 60M 7/84 (VRA 15, 4)

FLECK F.H. INC.

BP

should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. al Health and Mental Hygiene prior to burial, cremation, or remaval.

TO FUNERAL DIRECTOR. After this certificate has bu

| 160 | 1 | 1 | 1 - | FOR STATE REGISTRAR | | DEPARTM | LENT OF H | OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH | YGIENE O | REG. NO. | 3 2 | 5 2 |
|------------------------------|---------------|-----|-----------------------|---|--|---|---------------|---|--------------------|--------------------|--|--------------------------------------|
| | | 土人 | | CEASED NAME FIRST | MIDDLE | | į, | AST | 20. DATE OF D | EATH MO | ONTH DAY YEAR | 26 HOUR |
| poge 3 | 4 | to | - | RICHARD | D | I | KISLI | | 3 NOVI | | 1985 | 8:45 M |
| mo r. po | | | 3. SEX | | 4. RACE | | 5. DATE C | DAY YEAR | 6. AGE (IN YEAR | RS LAST BIRTHE | MONTHS DAY | S HOURS MIN. |
| a part | | , | | Tale | Caucasian | | Novem | ber 25,1923 | 61 | | YRS | |
| shorth di | | 53 | C | Iowa | T.S.A. | | WIDOWE | had. | Princ | e Ge | county of DEATH | MD |
| to other of | orthod | 18 | _ | | Malcolm G: | LITY, GIVE STREET A | ADDRESSI | Center Center | TYPE OF WORK FO | OR MOST OF W | vorking life) INDUSTR | litary |
| 1 | 3 | 36 | 13a. S Ma : | | | ESIDENCE BEFORE LITY OR TOWN t. Wash: | | | 9500 | DRESS / Z Dashi | a Drive | 20744 |
| THE STATE OF | 1 | 6 | 14 FA | THER'S NAME Frederick | R. K | isling | | 15. MOTHER'S MAIDEN Mariver | | MIDDLE | Gray | bill |
| n ond | a diga | 1 | 160 V | VAS DECEASED EVER IN U.S. ARV | WAP OP DATES | 5-12-0! | | Georgia A. | Kisling | | Dashia Dr Washingto | |
| ertificate b | removal. | 1 | | 18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED IMMEDIAT | | or 101, 161, one | | nary Arr | est | | APPR BETWEE | DXMATE INTERVAL N ONSET AND DEATH |
| death of | tion, or | | | Conditions, if any, which | DUE TO, OR AS A | A CONSEQUE | NCE OF | Lasteral | Sciero | sis | | |
| that the | iol, cremo | | | gove rise to immediate couse (0), stating the underlying couse lost. | DUE TO, OR AS | A CONSEQUE | NCE OF | | | | | 97 |
| requires on signed | iniury. | | NOI | PART 2 OTHER SIGNIFICANT C | onditions <u>contr</u> | IBUTING TO D | EATH BUT | NOT RELATED TO THE TE | RMINAL DISEASE C | | | |
| he low ion. | ene pric | 2 | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION | FOR WHICH | OPERATIO | N WAS PERFORMED | YES . | | OB. IF YES, WERE FIND IN CERTIFYING CAUS YES | |
| g physic ertificate | intol Hyg | 9 | _ | 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. | | Y YEAR | 21¢ HOW INJURY OCC | URRED (ENTER NATUR | RE OF INJURY I | N ITEM 18 PART 1 OR PART 2 | |
| offendin ter this c | hond Me | | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF IN (AT HOME, STREET FA | | ARM, ETC) | 21f LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| ATTENDING OF CTOR: Af | of Health | | | 220.1 certify that (I) this hospit sow the documentalive on above. (I) (we) (did (did not | | | SS, on | d that in (my (our opini | , 10 | OV 3 | | ne couses stated |
| AL OR AT | ote Dept. | | 7 | Taniel | K. Ven | 2 | MO | DEGREE ATTENDING PHYSIÇIAN | PIDIRECTOR | STAFF PHYSICIA | / - | te signed |
| o HOSPITAL etained by the | with the Stat | | 7 | Daniel | R PRINT) K. Je | NS | | 220 ADDRESS : 3005 40-9531, 50 | laff Physic | MEA | | |
| BP | n s <u>≤</u> | 1 | | urial, cremation, removal specify; Burial | 11/7/85 | Arl | ingto | emetery or cremator n Nat'l. Cer | Ari | ingto | n COUNTY VI | rginia |
| DHMH - 16 | | /B4 | | ineral director | Funeral Ho | 6160 me 0xo | Oxon n Hil | Hill Rd. 250 E | NOV 07 | 1985 | NEGISTRAR'S SIGN. | ATURE |

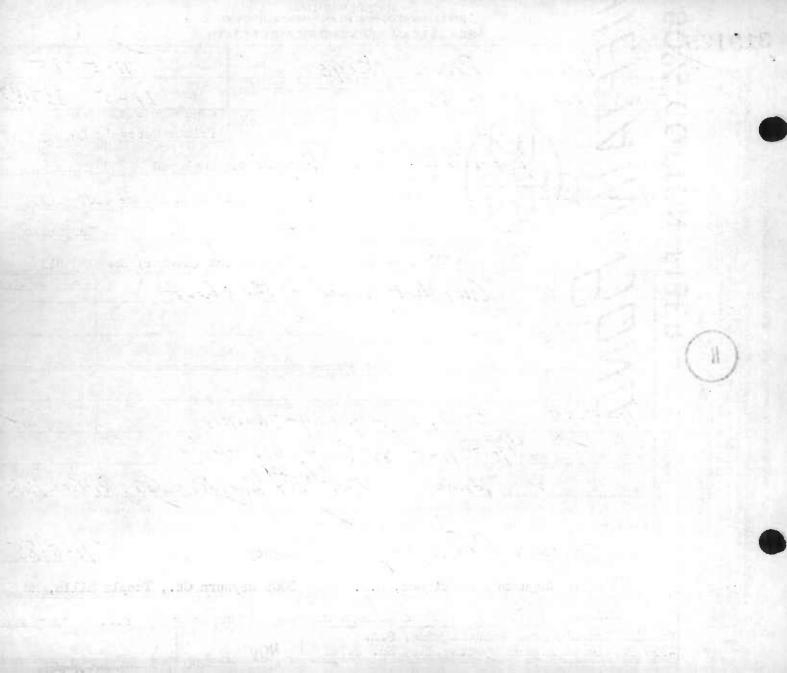
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| | mince ieczye's | | | T.8.4. | | . WJ i |
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| Ilidy. | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | gravical! | ling | A. Tie | rice |) ý v. |

Ges Mil, Ker. 185-12-0513 Georgis A. Fieling Pt. Was instan, Fd.

Min'goil

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 319126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF THE FUNERAL DIRECTOR.
PAGE 5 FOR YOUR FILES.
FILED WITHIN 72 HOURS
201 W. PRESTON STREET, DEATH MATED IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD 05 1985 Th CITIZEN OF WHAT COUNTRY? S-BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED Maryland U.S.A. Prince George's County DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS OR INDUSTRY Cheverly None None DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 Riverdale 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5610 54th Avenue #207 20737 M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Not Available Donna Renee Keys 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h. SOCIAL SECURITY NO. 1 (IF YES, GIVE WAR OR DATES) Mary M. Saulter (Grandmother) Same as None CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (a) stating the underlying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS UNDERLYING MEDICAL CONTRIBUTING ... CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION WHILE AT WORK TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BAETIMORE, MARYLAND, 22a I certify that I took charge of the remains described above, held on Autopsy death resulted from Natural causes Acetdent Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P Rodriguez. M.D. ADDRESS 5009 Rayburn Ct. (TYPE OR PRINT) Temple Hills. Md 230 BURIAL, CREMATION, REMOVAL 236, DATE 73¢ NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY **Burial** 11/08/85 Fort Lincoln Cemetery Brentwood 07/B4 BP 25M Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))

| - 1 | FOR | C | STATE OF PEPARTMENT OF HEALT | MARYLAND H AND MENTAL HY | GIENE 5 | 3 2 3 6 4 |
|---------------------------------------|---|---|--|--------------------------------------|---|--|
| 125 | - STATE REGISTRAR | WED | | CERTIFICATE OF | DEATH REG. | NO. |
| 4 | DECEASED NAME (TYPE OR PRINT) | onna K | ence te | 45 | 20. DATE KNOWN OF ESTI- DEATH MATED | MONTH DAY YEAR 26. HOUR 11-5 1985 M |
| 3. S | Formale Wi | 15. DATE OF BIRTH MONTH DAY 10-14 | YEAR LAST BIRTHDAY 19 | THE DAYS HOURS | 4 HRS. 2c. DATE PRONOUNCED DEAD | MONTH DAY YEAR 24 HOUR |
| 5 70. M | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WH | AT COUNTRY? | RED NEVER MARRIE | O.A. | OR COUNTY OF DEATH eorge's County MD. |
| 111 | city or town of de. | | PITAL, NURSING HOME OF OIL MITY, GIVE STREET ADDRESS THE TOP OF THE PROPERTY O | | O. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE) Not Employed | TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY None |
| | STATE Laryland | URSING HOME OR OTHER INSTITUTION, GIV 13 COUNTY CG. | Riverdale | YES X NO | 13e STREET ADDRESS 5610 54th Ave | enue #207 20737 |
| 20 | Ralph | MIDDLE E. | Keys | IS MOTHER'S MAIDEN | M. MIDDLE | Benjarano |
| 160 N | WAS DECEASED EVER | IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 166. SOCIAL SECURITY NO. 217-02-0972 | Mary M. S. | ADDRE aulter (Mothe) | |
| OF HEALTH | | g the under- DUE TO, OR | AS A CONSEQUENCE OF | ASE OR CONDITION GIVEN IN PART | 11 (a). | |
| | 190. DATE OF OPER. | ATION 196. CONDIT | W . 4 | WAS PERFORMED? | miller | 20 AUTOPSY? YES NO |
| 3 | CONTRIBUTING 214 INTURY OCCUR | OR CAUSE OF DEATH FM. | MONTH DAY YEAR | HOW INSULTY OCCUPRED | Liched STORY | (SPART) ORPART 2 |
| | AT WORK AT V | WHILE VORK I taak charge of the remains desc | me 5 | ppsy Inspection | D. Inquiry D. | and in my opinion |
| | death resulted fran | | Accident , Suicide | Hamicide . | Undetermined monner | |
| 7 | SIGNATURE | reguns 1. Co | mywy | M.D. Deput | MEDICAL EXAMINER | DATE SIGNED //- 5-85 |
| / | EXAMINER'S NAME | Augusto P R | odriguez. M.D. | ADDRESS 5009 | Rayburn Ct. | Temple Hills Md |
| 230 | | REMOVAL 236 DATE | odriguez, M.D. 23c. NAME OF CEMETERY Fort Lincol | OR CREMATORY | 23d. LOCATION CITY OR TOWN | Temple Hills, Md |
| · · · · · · · · · · · · · · · · · · · | (TYPE OR PRINT) a. BURIAL, CREMATION, I (SPECIFY) Buria FUNERAL DIRECTOR TAXAGES GASC | REMOVAL 23% DATE | Fort Lincol al Home, P.A. | or crematory n Cemetery 250. Date RE | 23d, LOCATION CITY OR TOWN Brentwood C'D. BY REGISTRAR 25b. REC | county state P.G. Maryland |



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

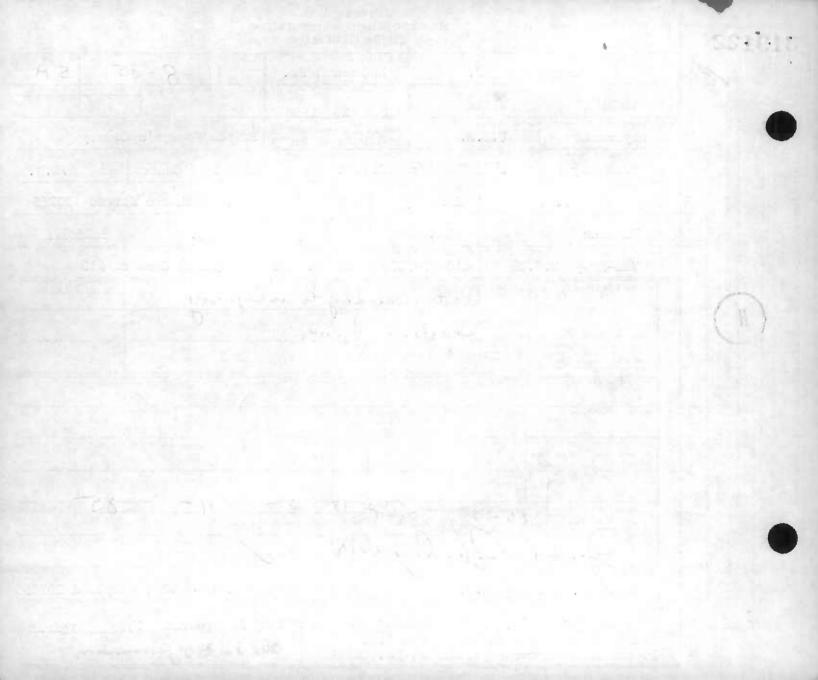
STATE OF MARYLAND

| DEP | ARTMENT | OF HEALT | H AND | MENTAL | HYGIENE |
|-----|---------|----------|-------|--------|---------|
| | CE | RTIFICAT | TE OF | DEATH | |

| 1. | FOR - STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HY | GIENE REG. 1 | NO. | £ 0 | 0 3 |
|---------------|---|-----------------------------|----------------------------|---------------|-------------------------------|---|------------------------------|--|-------------------------------|
| 1. DE | CEASED NAME FIRST | N | AIDDLE | L | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR |
| (TYP) | Josep | h S | J. | La | Camera, Sr. | 11 - | -8- | 85 | 5 A. |
| 3. SE | | 4. RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST E | BIRTHDAY) | | IF UNDER 24 HRS |
| 1 | Male | Whit | te | 11 | 28 1918 | 66 | YRS | | HOURS MIN. |
| 7a B | IRTHPLACE ASTATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | 8 | | 9 BALTIMORE CITY | | | |
| Pe | ennsylvania | U.S. | | WIDOWE | | Prince Ge | | | ME |
| 1 | Cheverly | (#F NO EIN SUC | Hawtho | rne St | rother institution | 12g USUAL OCCUPA LTYPE OF WORK FOR MOST ASSISTANT | TION TOE WORKING Conti | ro ler | BUSINESS OR |
| 13a M | AL RESIDENCE (IF NURSING HOME OF STATE 135 COU Laryland P.G | ROTHER INSTITUTION | 130. CHTY OR TOV Chever | re admission) | 13d. INSIDE CITY LIMITS? | 136009 Appress | horne | Street | 20785 |
|)F | Vincent | WIDDIE | LaCan | nera | 15 MOTHER'S MAIDEN NA Mary | MIDDLE C. | | Pand | olfi |
| | WAS DECEASED EVER IN U.S. A YES NO OF UNKNOWN) YES—Army W. | RMED FORCES? | 210-07- | | Ruth B. LaCa | | RESS :) Sam | ne as #13 | |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one couse per ED BY: | Jine for (0) Jb), or | nd III | May to no | ligioner | | METWEEN ON | ATE BATEFUAL GET AND DEATH |
| NO | gave rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT | (c)_ | R AS A CONSEOL | | NOT RELATED TO THE TERM | MINAL DISEASE OR CO | NDITION G | GIVEN IN PART I 10 | |
| CERTIFICATION | 190. DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO | IN CER | YES, WERE FINDING TIFYING CAUSES O YES [| SS USED OF DEATH? |
| | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE | ATH HOUR A.A | M. MONTH D | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF IN | JURY IN ITEM 1 | 8 PART 1 OR PART 2) | |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE C | | | 211 LOCATION STREET | CITY OR 1 | NWOI | COUNTY | STATE |
| | 220.1 certify that (1) (this hasp saw the deceased alive a abave (fire) (did) (did n | 10- | 7 1 19 | 85-0 | nd that in (my) (our) opinion | deoth accurred an the | date and h | | at (I) (we) last |
| | 72h SHGNATURE | 11 | ford. | 40 | ATTENDING PHYSICIAN | DIRECTOR PHYS | AFF | 22c. DATE SI | GNED |
| | 22d. PHY MIAN'S NAME (TYPE | OR PRINT) | (| | 22 ADDRESS | | | | |
| | Tames W. Ha | | | | 6005 Landove | | erly, | Maryland | 20785 |
| | BURIAL, CREMATION, REMOVA | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE |
| | Cremation | | | | litan Cremato | | | N/A Vi | rginia |
| | varretider Gasch's | | | | | REC'D BY REGISTRA | R 25b. REGI | ISTRAR'S SIGNATUL | |
| 47 | 39 Baltimore A | venue Hy | attsvile | , Md. | 20781 | - TOC 100 | 11- | - manhammen - M | majgineta propini |

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows



DHMH - 16 60M

STATE OF MARYLAND

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La Carriere Lerobin

| _ | FOR | |
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| 1 | STATE | |
| | REGISTRAR | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

| 3 | 2 | 3 | 2 | J | 6 | and the same |
|---|----------|---|---|---|---|--------------|
| | REG. NO. | | | | | m |

| A PITTLE | 201 | | | | | | | REG. NO. | | | | |
|---|--|--|--|---|--|-----------------------------|--|--|--|--|--|--|
| 079 | | CEASED NAME | OSEPH | | IDDLE | LAPLA | ĈĂ , Sr. | 20 DATE OF DEATH MONTH | DAY YEAR 26. HOUR 653 | | | |
| de de | 1.583 | | 4. RA | Mart: | in | 5. DATE C | OF RIPTH | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDE | | | | |
| ŧ. | 50000 | Male | | White | | MONTH | DAY YEAR | | MONTHS DAYS HOURS M | | | |
| 2 // | 7a BI | RTHPLACE (STATE OR FOR | REIGN 76 C | ITIZEN OF W | VHAT COUNTR | RY? 8. | 11 1906 | NTY OF DEATH | | | | |
| E (1) | | New York | | U.S.A. | | WIDOWE | DIX NEVER MARRIED DIVORCED | Prince George's County | | | | |
| 1/2 | 1 | TY OR TOWN OF DEATH | | | OSPITAL, NUR FEACILITY, GIVE STR Memori | | OR OTHER INSTITUTION | | 12b KIND OF BUSINESS (INDEPARTMENT | | | |
| | USU | AL RESIDENCE (IF NURSING | IG HOME OR OTHER | OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | | | | Compliance Bran | • | | | |
| | 130. S Ma | aryland | P.G. | Hyattsville 13d Inside CITY LIMITS? | | | | 6807 Adelphi | Road 20782 | | | |
| 164 | 14. FA | Natale | MIDDLI | | | | 15. MOTHER'S MAIDEN NA FIRST Frances C | Dino | | | | |
| 1 | | | U.S. ARMED | W 00 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | aPlaca (Wife) Sa | ame as #13 | | | |
| mostil mostil | 18 CAUSE OF DEATH (Enter only one couse per ling) PART I. DEATH WAS CAUSED BY: MACDIATE CAUSE (a) MACDIATE CAUSE (b) MACDIATE CAUSE (c) MACDIATE CAUSE (d) MACDIA | | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DE | | | |
| ation and | | Conditions, if any, which gove rise to immediate DUE TO, ORAS A CONSEQUENCE OF. Lower Section Mayerina Listensian Lower Section Mayerina Listensian | | | | | | | | | | |
| 1 7 | | | | | | 0 | | | | | | |
| 10 1 | | underlying cause | last. | (c) | AS A CONSEC | worke (| nony arting | disease | years | | | |
| hen pleased. | NO | underlying cause | last. | (c) | Them | berthe (| | disease or condition of | | | | |
| permit Then please one prior in buried, or aws ony neury, or other | TIFICATION | underlying cause | FICANT CONE | (c) DITIONS <u>CO</u> | NTRIBUTING T | O DEATH BUT | | 200 AUTOPSY? 200 IF Y | GIVEN IN PART TO | | | |
| of transition in the please of the state of | AL CERTIFICATION | PART 2. OTHER SIGNII 190. DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL | IFICANT CONE ON REYING | 19b. CONDIT | INTRIBUTING I | ICH OPERATIO | NOT RELATED TO THE TERM | 200 AUTOPSY? 20b IF 1 | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? | | | |
| the buriel from a permit. They plead and Mental Hoperes and Mental Hyperes prior to buriel, or seed or teen 18 downs any neury, or other | MEDICAL CERTIFICATION | UNDERLYING COUSE PART 2. OTHER SIGNII 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE | ON REVING USE OF DEATH LLEXAMINER) | (c) | TION FOR WHI INJURY A. MONTH | ICH OPERATION DAY YEAR 19 | NOT RELATED TO THE TERM | 200 AUTOPSY? 200 IF 1 IN CER | GIVEN IN PART TO VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO | | | |
| for use or the buriel from a permit. Then please of Health and Mental triggenese price its buriel, c. 21 is marked at them 18 shaws any nitury, or other | CAL CERT | Underlying cause PART 2. OTHER SIGN II 190. DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTHY MEDICA 21d. INJURY OCCURRE AT WORK 220.1 certify that (1) (4) saw the deceased | IDST. FICANT CONE ON REVING JUSE OF DEATH ALE EXAMINER D d alive on | DITIONS CO. 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21c PLACE C (AT HOME STRE | NTRIBUTING TO TO THE PROPERTY OF THE PACTORY, OFFIN 15 | DAY YEAR 19 CE, FARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 216. LOCATION STREET | 200 AUTOPSY? 200 IF Y YES NOW NOTICE NOT | GIVEN IN PART TO YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE | | | |
| detacked for use as the burial trains permit. Then please one Dags of Health and Mental Hygamie prior to burial co. It. If them 21 is marked or them 18 starws any mury, or other | CAL CERT | Underlying cause PART 2. OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE AT WORK 220. I certify that (1) (4) saw the decased abave, (1) (40) 22b. SIGNATURE 3. W. Carrier 4. W. Carrier 4. W. Carrier 5. W. Carrier 6. W. Carrier 6. W. Carrier 6. W. Carrier 7. Carrier 7. Carrier 7. Carrier 8. W. Carrier 8. W. Carrier 8. W. Carrier 9. Carrier 10. Carrier | ON REVING LUSE OF DEATH LL EXAMINER D d dive on d) (close) vie | 196. CONDIT 196. | NTRIBUTING TO TO THE PROPERTY OF THE PACTORY, OFFIN 15 | DAY YEAR 19 GE. FARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 78 and that in (my) (and apinion DEGREE M 0 ATTENDING PHYSICIAN [| 200 AUTOPSY? 200. IF Y YES NOW NITE OF INJURY IN ITEM 1 CITY OR TOWN | GIVEN IN PART TO YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE | | | |
| bould be destabled for use of the buriol from the perior please, the Store Sept. of Health and Montal Hygeries prior to buriol. or APORTANT, if sem 21 is marked as Item 18 shows any niting, or other | CAL CERT | Underlying cause PART 2. OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE AT WORK 220. I certify that (1) (It saw the deceosed above, (1) fee) (die | FICANT CONE ON RIVING | OITIONS CO. 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21c PLACE C (AT HOME STRE attended the | NTRIBUTING TO TO THE PROPERTY OF THE PACTORY, OFFIN 15 THE PACTORY | DAY YEAR 19 GE. FARM ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 10 J J J J J J J J J J J J J J J J J J J | 200 AUTOPSY? 200. IF YES NOW NOTE NOT TOWN CITY OR TOWN death occurred on the date and h | GIVEN IN PART To YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO STATE COUNTY STATE 19 1 , that (I) (1) 10 iour and from the causes stated 22c DATE SIGNED 113 195 | | | |

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2470

| 500 | | STATE OF M | | 8 5 | 3 2 | 6 6 0 | | |
|---|--|-------------------------------|-------------------------|--|---|---|--|--|
| FOR STATE | DEP | ARTMENT OF HEALTH CERTIFICATI | | IENE | 0 2 | 0 0 0 | | |
| REGISTRAR | | | E OF DEATH | REG. N | | he | | |
| DECEASED NAME FIRST | MIDDLE | LAST | | 20 DATE OF DEATH | MONTH DAY YEAR | 26 HOUR | | |
| Donal | d Lee | LEAVIT' | T | November 28,1985 1:4 | | | | |
| SEX | 4 RACE | S. DATE OF BIRTH | | 6 AGE IN YEARS LAST BIR | THOAY) IF UNDER I YE | AR IF UNDER 24 HRS | | |
| MALE | WHITE | SEPTEMBE | er 2,1929 | 56 | YRS | TO HOURS MIN. | | |
| BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | TRY? 8. | NEVER MARRIED | 9 BALTIMORE CITY O | OR COUNTY OF DEATH | | | |
| MARYLAND | U.S.A. | WIDOWED | DIVORCED [| PRINCE G | EORGES | M | | |
| LANHAM | 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE DOCTORS HOS | STREET ADDRESS) | ER INSTITUTION | 12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF MOST | DE WORKING LIFE) | ARYUSHISS OF GRESS | | |
| Bo. STATE 13b C | NE OR OTHER INSTITUTION GIVE RESIDENCE OUNTY 136 CITY OR ICE GEORGES BOW | TOWN 13d. IN | ISIDE CITY LIMITS? | 13e STREET ADDRESS / 12602 CRII | | 20715 | | |
| FATHER'S NAME | MIDDLE LAS | | THER'S MAIDEN NA | _ | | | | |
| RAYMOND | BOOMER LEAVI | | CATHERINE | MIDDLE | GALLOWA | Y | | |
| WAS DECEASED EVER IN U.S | . ARMED FORCES? 166 SOCIAL | | FORMANT | ADDRE | | | | |
| YES NO OR UNKNOWN) (IF YES | S. GIVE WAR OR DATES) | 38-0111 NAI | INE LEAVI | TT.WIFE.SAM | E AS ITEM # | 13 | | |
| IL CALISE OF DEATH (Ente | anly ane cause per line far (a), (I | a) and is | | | APPR | OXIMATE INTERVAL EN ONSET AND DE ATH | | |
| | c) NT CONDITIONS CONTRIBUTING | S TO DEATH BUT NOT R | ELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN PART | 1ra | | |
| Ž | | | | | | | | |
| 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING | 19b. CONDITION FOR W | HICH OPERATION WAS | PERFORMED | 20a AUTOPSY? YES □ NO ■ | 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES | | | |
| 21a. ACCIDENT WAS UNDERLYING | | 21c H | IOW INJURY OCCURR | | RY IN ITEM 18 PART I OR PART 2 | | | |
| | | DAY YEAR | | | | | | |
| (IF EITHER NOTIFY MEDICAL EXAM | 21e. PLACE OF INJURY | 21f LC | OCATION | | | | | |
| WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OF | FFICE, FARM, ETC.) | STREET | CITY OR TO | WN COUNTY | STATE | | |
| | aspital) attended the deceased fi | om | 10 81 | | 1/28 10 85 | , that (I) (we) las | | |
| saw the deceased always | 11/27 | 6 1- | in (my) (aur) apinian o | death accurred an the do | ate and hour and fram t | | | |
| 226. SIQNATURE | d not view the body ofter death. | DEGREE | | | | TE SIGNED . | | |
| Gerando | malacare | NI | ATTENDING | MEDICAL STAF | FF / | 120/00 | | |
| 22d. PHYSICIAN'S NAME (T | YPE OR PRINT! | 22e A | DDRESS | DIRECTOR L PHYSIC | JAN | 1-0103 | | |
| GERARDO | M GARA | 0 6 | 1492 L | ANDOUG | RRD LA | WPOVER! | | |
| BURIAL, CREMATION, REMOV | | 23c NAME OF CEMETER | RY OR CREMATORY | 23d LOCATION | 20 | 781 | | |
| CREMATION | 11/29/85 | METROPOLITA | N CREMATOR | ALEXAN: | DRIA, VIRGI | NIA STATE | | |
| FUNERAL DIRECTOR RICH | ARD RAPP. INC. | | 250. DATI | REC'D. BY REGISTRAR | 256. REGISTRAR'S SIGN | ATURE | | |

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, A should be detached for use with the State Dept, of Heat

1804 T ST., N.W., WASHINGTON, D.C. 20009

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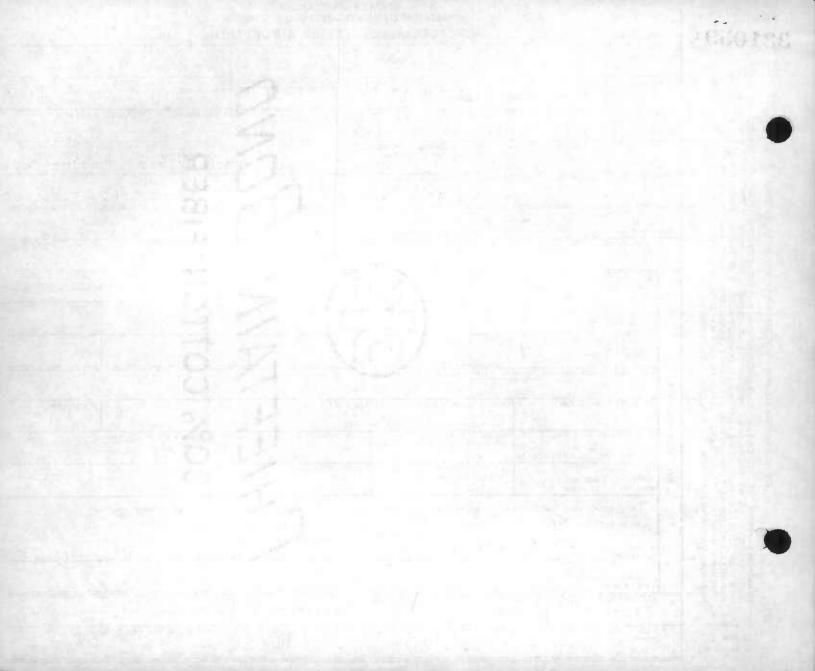
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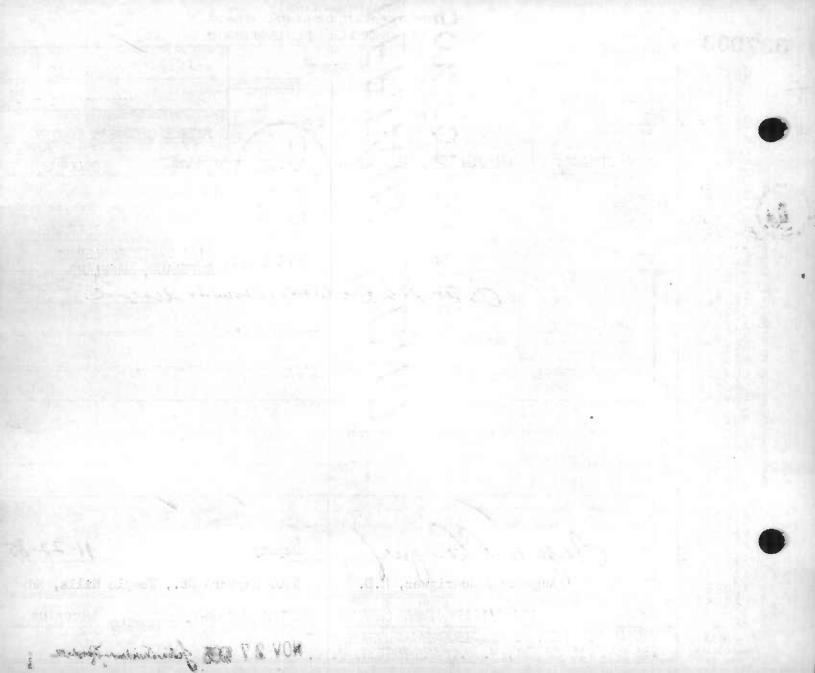
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| | | Items 1 FOR STATE | 8 - 22a 1 | _/6/8 | 6 mtb F | #611 EPART | STA MENT OF | | ARYLAN AND MI | | IYGIEN | 2 | | 3 | 2 | . 1 | 6 | |
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| 3310593 | - | REGISTRAR | = FIRST | | MED | | XAMIN | ER'S C | | CATEC | | | REG. | | | | _ | |
| | | CEASED NAME PE OR PRINT) | | | | WIDDLE | | | LAST | | | OF | KNOWN ESTI- | | HIM I | DAY Y | | 26 HOUR |
| PLEASE ECTOR P FUES STREET | 3. SE | | Char 4. RACE | | ATE OF BIRTH | | 6 AGE (IN YE | | WIS | IF UNDER | 24 HRS | 2c. DAT | MATED | MON | 11 | 179 DAY | 85 YEAR | 2d HOUF |
| OUREC ON STR | Ma | ıle . | Black | MC | ug-13- | | 35 Y | MONT | | HOURS | | PRONOU | INCED | | 11 | 1719 | 85 | 5:467 |
| MERAL FOR Y | 70. B | RTHPLACE (ST | . C . | 7b. C | U.S. | AT COUN | TRY? | MARR WIDOW | ED X NE | VER MARRI | IED L | | MORE CITY | - | | | | |
| AV IS NA MORE 3 MIREO MI | 10. C | ITY OR TOWN | OF DEATH | 11. 1 | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | | | | | | | | ORK 12h | OR IND | OF BUS | Y | |
| 3P " WO _ / | HEU/ | Chever 1 | (IF IN NURSING HO | OME OR OTHE | Prince ER INSTITUTION, GIV | GEORG | JE'S G | enera | I Hos | pital | lru | CK | Driv | er | M | ovi | ng | Co. |
| A H A H S 1, 2 A M B M 3, RETAIN ND 2 SHOULD VITAL RECORD | Wå | ish, D | . C . 13b. CC | | V | Was | h, D. | C. | 13d. INSIDE (I Yes 🗌 | NO X | 481 | I ADDR | Minn | . A | ve. | N | . E. | , D. |
| PM 3.1.2 PM 3.1.2 ND 2.8 | 14. F. | ATHER'S NAME | | MID | DLE | | AST | | 15. MOTHE | R'S MAIDE | N NAME | | MIDDLE | | | LAST | | |
| TIMORE FIER DEATH FIER PAGES 1, FORM PM. SES 1, AND 2 ION OF VITA | 16a \ | rtis WAS DECEASE | D EVER IN U.S. | ARMED 6 | FORCES? | | Wis | (NO | Tr 17. INFORM | ene | 433 | - 13 | ADDRE | 55 | | Mab: | ley | |
| = 2>-00 / | Т | NO OR UNKNO | WN) {IF YES, (| GIVE WAR O | R DATES) | | -66-4 | | Iren | | Lewi | s 1 | | | th : | St, | . V. | W. |
| ON ST., BA 24 HOURS / 124 HOURS / 125M 18. GI 130M WITH PERMIT. PA 31ENE, DIVI | | 18 CAUSE O PART I DE | ATH WAS CAL | JSED BY: | cause per line | for (o), (b) | | | William. | | | | | | | APPRO) | ONSET / | NTERVAL AND DEATH |
| STON N ITEM N OVA | | 1000 | IMMEI | DIATE CA | DUE TO, OR | | | OF. | M. F | | | | | | | | | 7.97 |
| W. PRESTON WITHIN 24 PENCIL IN ITEM MINIR ALON TRANSIT PEENTAL HYGIE | | gove ris | ns, if any, wh se to immed | iate) | (b) | | | | | | | | | | | ghe. | | |
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| NL RECORI NULD BE ED "PENDIN EF MEDIC SED AS A I "HEALTH, AL, CREM | CERTIFICATION | 190. DATE OF | OPERATION | | 196. CONDITION FOR WHICH OPERATION W. | | | | | WAS PERFORMED? | | | | | | 20 AUTO | OPSY? | |
| SHOULD ORD "PE CHIEF A SE USED." SURIAL, (| Ĭ | | | | | | | | | | | | 9 | | | | X | NO 🗌 |
| BIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUI RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, ROED TO THE CHEF MEDICAL EXAMINER ALONG W RES 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. OF PERRIMENT OF HEALTH AND MENTAL HYGIENE. TO PRORE TO BURIAL, CREMATION, OR REMOVAL. | CAL CE | UNDERLYING | CAUSE WAS | | 11b. TIME OF HOUR A.M. P.M. | | DAY YEAR | 21c. H | OW INJURY | OCCURRE | D (ENTERN | ATURE OF I | NJURY IN ITEM | IS PART 1 | OR PART 2 | , | | |
| | MEDICAL | 21d INJURY O WHILE AT WORK | NOT WHILE AT WORK | | 21e PLACE O STREET, FACTO | | | | TREET | | | CITY OR TO | OWN | | COUNT | Y | | STATE |
| INER: THI FICATE, W F FORWA TOR: PA THE STA AND, 213 | | 220. I certif | / | Thral con | he remains desc | ribed abo | | Autop | | Inspectia | | Inquiry | | and in m | чу арілі | on | 4 | |
| TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNEXAL DIRECTOR: AFTER DEATH, WITH THE SHOULD BE AMPLIMORE, MARYLAND, | | ACTUAL | 1 | 10 | Mary) | 4 | 10 | - | TITLE (SF | PECIFY) | | | | ٦, | ATE | 11 | /17 | /05 |
| EDICAL JIE THE 4 SHC NNERAL MORE, | 1 | SIGNATURE_ | NAME | | | TUV | | | Acti | | | | | 51 | GNED_ | 1.1, | /17, | / 85 |
| PAGE AND | 23- P | (TYPE OR PRIN | VT) | | mas D. | | AME OF CEA | | ADDRESS_ | | | St. | . Ba | lto. | MD. | | | |
| 07/84 BP/4/2 | (: | Buri | lal | 11- | -23-85 | На | rmony | Mem | oria: | 1 Pk | . CHIXO | and | over | | | | STAT | TE |
| DHMH - 17 (VR A15 ME (5)) | 24. F | NAME 719 | Kenne | t gom edy | ery Br St, N. | W. V | f. H. | D.C | • | NOV | 25 | 1985 | AR 256. RE | GISTRA | R'S SIGI | NATURE | i de i | d |



| 33703 | 2 | FOR STATE REGISTE | AR | | PEPARTMENT | | MARYLAND I AND MENTAL H CERTIFICATE O | | 3 REG. NO. | 2 3 | 1 | U |
|--|-------------------------------|-------------------------------|--|---|----------------------|------------------------------------|---|--|---|-----------------|--------------------------------|------------------------|
| 33703 | ti. | 1. DECEASED (TYPE OR PRINT | MOISE | S | WIDDLE | | IZMI | OF | ESTI- | NOV 21 | YEAR 1985 | 2b. HOUR |
| DIRECTION FILE | ON STRE | 3. SEX MALE | | MARCH 23 | , 1925 6 | (IN YEARS IF UN BIRTHDAY) MONTH | DER 1 YR. IF UNDER | 24 HRS. 2c. DAT | UNCED | NOV 21 | YEAR 1985 | 2d HOUR PM 10:00 |
| NECESS OF THE STATE OF THE STAT | 1/ | 7a. BIRTHPLA | NON | | , S. AME | R. WIDOW | | PR: | MORECITY <u>OR C</u> INCE GEOT | RGE'S (| COUNTS | |
| ELAY IS TO THE P | 28 | CAMI | SPRINGS | | GROW US | AF MEDI | CAL CENTER | PROFESS | UPATION (TYPE OF ORKING LIFE) SOR | 0 | ND OF BUS RINDUSTR LLEGE | SINESS |
| ANNY D AND 3 RETAIN | 17 | URUGUA | | | 13c. CITY OR TO | WN | 13d. INSIDE CITY LIMITS? YES X NO [| 13e. STREET ADDI 2608 V | RESS WALCUDE | G | 998 | 19 |
| 4 | 100 | JACC | UES | WIDDLE | LIZMI | | 15. MOTHER'S MAIDE HELENE | | MIDDLE | ZE1 | LAST | E |
| S APTER SINE PA TH FOR | NOISION | 160. WAS DEC | EASED EVER IN U.S. AR UNKNOWN) (IF YES, GIVE | MED FORCES? WAR OR DATES) | none | CURITY NO. | MIRTA LI | ZMI, 610 | 11 DAVIS | BOULEV | 'ARD | |
| 201 W. PRESTON ST., I JTED WITHIN 24 HOUR: IN PENCIL IN ITEM 18. EXAMINER ALONG WI AL. PRANSIT PERMIT. | III U | Co go col | USE OF DEATH (Enter or IT I DEATH WAS CAUSE IMMEDIA anditions, if any, which we rise to immediate use (a) stating the undering cause lost. | TE CAUSE OF | AS A CONSEQUE | le o he | landed | rosele. | den | BETY | PPROXIMATE WEEN ONSET | INTERVAL AND DEATH |
| DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RRITING THE WORD "PRIDING" IN PRED TO THE CHIEF MEDICAL EXA RESPOND DE USED AS A BURIAL. | F HEALTH | TIPICATION 19 CT | THER SIGNIFICANT CONDITIONS TE OF OPERATION ERNAL CAUSE WAS | CONTRIBUTING 10 OF AIN B | ION FOR WHICH | OPERATION W | AS PERFORMED? | | | | AUTOPSY? | NOE |
| I > 4 4 | ATE DEPARTME 1201 PRIOR TO | 3 UNDER CONTR | LYING OR IBUTING CAUSE OF URY OCCURRED | HOUR A.M. DEATH P.M. 210 PLACE C | MONTH DAY | YEAR 9 211. LO | OW INJURY OCCURRED | CITY OR T | | OR PART 2) | | STATE |
| TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 19 | TIMORE, MARYLAND, | deoth ACTUA SIGNA | TURE ALLEY | ge of the remains described for the remains | Feliger | Suicide M | Homicide TITLE (SPECIFY) D. Deputy | Undetermined n | nonner . | DATE SIGNED #11 | 1-72 | -85 Md |
| (199 BP) | BAA | BURI | REMATION, REMOVAL | 11/24/198 | 23c. NAME O | F CEMETERY O | CEMETERY | 23d. LOCATION CITY OR TOWN ADELPHI | PRINCE | COUNTY | RYLAN | ATE |
| DHMH - (VR A15 MI 15M 2/1 | E(5)) | 232 | LOCM. STEIN CARROLL STR | HEBREWORME EET, N. W. | MORIAL I , WASHIN | UNERAL IGTON, 1 | HOME NOV 2 | EC'D. BY REGISTR | Alla Taris | AK 5 SIGNAT | ALL. | |



| | STATE OF MARTLAND |
|-------------------|--|
| OR | DEPARTMENT OF HEALTH AND MENTAL HYGIEN |
| TATE FEGISTRAR | CERTIFICATE OF DEATH |

| | 1. | FOR STATE REGISTRAR | DE | | T OF HE | OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH | IENE 3 5 | 3 2 3 | 1 | | |
|--|---------------|--|---|----------------------|------------|--|--|---|--------------------------------|--|--|
| / | | CEASED NAME FIRST | WIDDLE | 1.00 | LA | ST | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR | | |
| 1 | | LUCILLE | | | LORA | ADITCH | NOVEMBER 29, 1985 1:05 A | | | | |
| Female | | | RACE | 5. | DATE OF | BIRTH YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | | HOURS MIN. | | |
| | | | White | | | 8, 1901 | 84 YRS. | | | | |
| 6 | 7a BII | RTHPLACE (STATE OR FOREIGN 7E | CITIZEN OF WHAT COU | NTRY? 8 | MARRIED | □ NEVER MARRIED □ | BALTIMORE CITY OR COL | JNTY OF DEATH | (= 1 1 | | |
| A STATE OF THE PARTY OF THE PAR | | aryland | U.S.A. | | IDOWED | | Prince Geo | rge's | MD. | | |
| | 10. CT | TY OR TOWN OF DEATH | NAME OF HOSPITAL, 1 (IF NOT IN SUCH FACILITY, GIV | | | ROTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK | 12h, KIND OF | BUSINESS OR | | |
| Z | | reenbelt | 28-B Creso | cent I | rive | 2 | HOmemaker | Hom | e | | |
| 2 | 130 S | at RESIDENCE HE NURSING HOME OR O ITATE 136 COUNT Prince | Y 13c. CITY O | RTOWN | | YES 🛣 NO 🗌 | 13e STREET ADDRESS / ZIP C 28-B Cresc | | / 20770 | | |
| 1 | J4 FA | | | AST | | 15 MOTHER'S MAIDEN NAM | MIDDLE | LAST | | | |
| | ? | Peter | | lwater | | Media | | Gar1 | | | |
| | | VAS DECEASED EVER IN U.S. ARMI (ES, NO OR UNKNOWN) (IF YES, GIVE V | WAR OR DATES) | 22-557 | | 17 INFORMANT Bernard G. Lot | | 314 CAmell Baltimore, | | | |
| | | 18. CAUSE OF DEATH IEnter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost. | | USEQUENC USEQUENC | E OF / | obtrach | lung Oliver | 100 | ATE INTERVAL SSET AND DEATH | | |
| | NO | PART 2 OTHER SIGNIFICANT CO | ANDITIONS CONTRIBUTION | G TO DEA | TH BUT N | OT RELATED TO THE TERMI | DISEASE OR CONDITION | GIVEN IN PART 110 | | | |
| 2 | CERTIFICATION | 190 DATE OF OPERATION 196 CONDITION FOR WH | | | RATION | WAS PERFORMED | 200 AUTOPSY? 20b. | IF YES, WERE FINDING ERTIFYING CAUSES O YES [| S USED OF DEATH? | | |
| 1 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONT P.M. | H DAY | YEAR 19 | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITE | M 18 PART I OR PART 2) | | | |
| | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, | OFFICE, FARM. | ETC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | |
| | | 220 I certify that (I) (this hospital sow the deceased alive on | No 27 | from AT | | that in (my) (our) opinion d | , to Viva 21 leath occurred on the date one | | | | |
| Total Control | 5 | Mean | ucc- | | 4 | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | No. | 19/ 198 | | |
| | | Till Bergemann | 7, M.D.A.B. | F.P. | | "ITS Centerwas Greenbelt, I | ay Maryland 2077 | 70 | | | |
| | | | 23b. DATE | | E OF CE | METERY OR CREMATORY | 236 LOCATION CITY OR TOWN | | STATE | | |
| | B | urial | 12-3-85 | St. | Anne | e's Cemetery | Avilton Ma | arvland | STATE | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

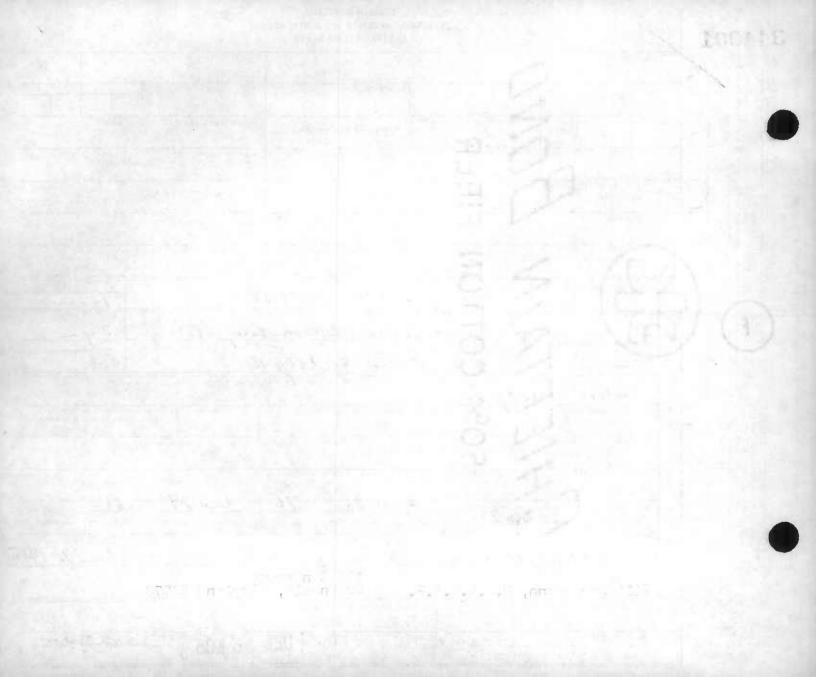
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MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A.

202 Greene Street-Cumberland, Md

25 DTAYOREC'D BY REGISTRAR 256. REGISTRAR 3 SIGNATURE



| 337045 | 1- | STATE REGISTRAR | ME | DICAL EX | AMINER'S | CERTIFICATE C | OF DEATH REG | 0 2 0 1 | 4 |
|---|-----------------------|---|--|-------------|--------------------------------|---|--|---|---------|
| | | CEASED NAME FIRST | 4 | WIDDEE | 1000 | LAST | 20. DATE KNOWN OF ESTI- | MONTH DAY YEAR | 26 HOUI |
| ESSARY, PLEASE BRAL DIRECTION. 78 YOU'R FILE. THIN 72 HOURS BESTON STREET. | FC | 4. RACE MALL CAUCASIA IRTHPLACE (STATE OR REIGN COUNTRY) | 5. DATE OF BIRTH | 09 | 76 YRS. | IED WEVER MARR | DEATH MATED 2.24 HRS. 2c. DATE MIN. PRONOUNCED DEAD 9. BALTIMORE CIT | MONTH DAY YEAR 11-20 185 Y OR COUNTY OF DEATH | 2d HOUI |
| A PAGE STATE | 10. C | st Virginia TY OR TOWN OF DEATH Linton | U.S.A. 11. NAME OF HOS SIENOT INSUCHEA SOUTHERY | | WIDON ADDRESS) | | TED Prince Ge 12a USUAL OCCUPATION FOR MOST OF WORKING LIFE) Waitress | corge's (TYPE OF WORK 12b KIND OF BUSING OR INDUSTRY Private | INESS |
| MD. 21201 H. JF AN P. 1, 2, AN A. 3. REFIN 0.2 SHC DITA RE RE | 13a. S M | AL RESIDENCE (IF IN NURSING HOME TATE 13b. COUI P. ATHER'S NAME FIRST | MIDDIE | Spri | re admission TOWICATIO | 13d INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAID FIRST | Camp Springs | 4410 Harvest Ro , Md. 20748 | oad |
| BALTIMORE, I JRS AFTER DEATH S. GIVE PAGES 1 WITH FORM PW T. PAGES 1 DIVISION OF WELL | 16a. \ | DITIE VAS DECEASED EVER IN U.S. AF ES, NO, OR UNKNOWN) (IF YES, GIV NO N | F | | SECURITY NO. 4-3073 | Effie 17. INFORMANT | Bland | ESS Same as BA - E | |
| IL RECORDS, 201 W. PRESTON ST. ULD BE EXECUTED WITHIN 24 HOU. F. MEDICAL EXAMINER ALONG YED AS A BURIAL - TRANSIT PERMIT HEATH AND MENTAL HYGIENE, HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. | A 16 1000 | Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITION | DUE TO, OR | AS A CONSEG | DUENCE OF | SE OR CONOITION GIVEN IN PA | ART 1 (o). | disine | |
| E SHOULD BE EXECUDES, E SHOULD BE EXECUDED BE EXECUDED BE USED AS A BUILD BE USED AS A BUILD BE USED AS A BUILD AND OF HEALTH AND BURIAL, CREMATI | MEDICAL CERTIFICATION | 190. DATE OF OPERATION | 196 CONDIT | | | VAS PERFORMED? | ED (ENTER NATURE OF INJURY IN ITEA | | но 🗗 |
| DIVISION OF VITA THIS CERTIFICATE SHO. WARDED TO THE CHI PAGE 3 SHOULD BE US TATE DEPARTMENT OF 21201 PRIOR TO BURE | MEDICAL CE | UNDERLYING OR CONTRIBUTING CAUSE OF 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | DEATH P.M | . MONTH DA | Y YEAR 19 THOME, 21f. LC | CATION STREET | CITY OR TOWN | COUNTY | STATE |
| TO MEDICAL EXAMINER: THE EXECUTE THE CRATIFICATE. Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STAME BALTMORE, MARYLAND, 2 | | ACTUAL SIGNATURE ACTUAL | ge of the remains des ural causes | Accident | , Suicide A | Homicide | Undetermined manner MEDICAL EXAMINER | ond in my apinion DATE SIGNED 11-30 Cemple Hills, Mo | |
| 07/84 BP | B | URIAL, CREMATION, REMOVAL PECIFY) UTIAL UNERAL DIRECTOR TO | 236 DATE 11-22-85 ee Funeral | Nort | | em. Cemetei | 23d LOCATION CITY OR TOWN REC'D. BY REGISTRAR [25b. Ri | COUNTY STATE | ٧a. |
| DHMH - 17 (VR A15 ME (5)) 6 | | Old Alexander | Ferry Road | d Clint | on, Md. | | V 20 1985 | La Davidson-Randal | 2 |

Marine State of Land 1987 Line mercy of the company of the state of the company of

| | | It | ems 18-22 FOR STATE | a 1/6/8 | | | MENT OF H | IEALTH | | ENTAL H | | | | 3 2 | 3 | 1 | . 4 |
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| | | | E OR PRINT) | | | | | | 7 | | 12 | OI | ESII. | MONTH | | 1 | b. HOU |
| | EAS SUCE SUCE SEE | 3. SE) | 14. RA | Lloyd | 5. DATE OF BIRTH | | 6. AGE (IN YEA | | ndy DER 1 YR. | IF UNDER | 24 HPS 2 | DEATH | MATED | 11 | 17 19 | 85 YEAR | 2d. HO |
| | STATE OF STA | | | | MONTH DAY | YEAR | LAST BIRTHDA | MONTH | | HOURS | | RONOUN | NCED | 7 7 | 17 | | 5:4 |
| | A NOT | - | RTHPLACE (STATE OR | | SEPT. 17, | | 38 YR | R | | | _ 9 | | | OR COUN | 17 19 | | _ |
| • | WINESS AND A STATE OF THE STATE | FC | REIGN COUNTRY) | . c. | J.S. | 4. | | WIDOWE | | DIVORCE | ED 📙 | | | George | | | Y , N |
| | A SHED | | ty or town of DE Cheverly | ATH | II. NAME OF HOSI (IF NOT IN SUCH FACE Prince (| PITAL, NU CILITY, GIVE S GEORG | RSING HOME, TREET ADDRESS) (C S GOT | or othe neral | r institut qeoH | rion oital | FORMO | OST OF WOR | PATION (T | YPE OF WORK | 126 KIND OR IN | DUSTRY | |
| (10) | 33 | USU A 13a. S | AL RESIDENCE (IF IN N | URSING HOME OR | OTHER INSTITUTION, GIV | 13c. CITY | | N) | 3d. INSIDE (II | TY LIMITS? | 13e. STREE | ET ADDRE | :\$S | | 20 . | 101 | 75 |
| 10 | | 14. F/ | THER'S NAME | | MIDDLE | | LACE | | 15. MOTHE | R'S MAIDE | NNAME | | IDDLE | | | | |
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| WO | FOR PAGE | | VAS DECEASED EVEL | IN U.S. ARMI | | 1 | CIAL SECURITY | | 17. INFORM | | | | ADDRE: | SS | | | |
| IALT | JRS AFTER 3. GIVE P. WITH FO I. PAGES DIVISION | | No | (# 1ES, ONE W | An On DATES) | 578 | 8-58-6 | 503 | SHIR | CEY L | LUMBY | - 34 | HE A | 15 #1 | 3 ARC | ve | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO | L K K T T | 1 | 18 CAUSE OF DEA | TH (Enter anly VAS CAUSED I IMMEDIATE | BY: NTO | far (a), (b) | | | | | | | | | APPR(BETWEE | OXIMATE IN N ONSET A | ND DEAT |
| STO | THIN 24 IN TELL IN TELL ALER ALON ANSIT PER AL HYGIE REMOVA | 4 | X | | DUE TO, OR | AS A CON | SEQUENCE O | F | | | | | | | | 12.1 | |
| g. | VITHIN ACIL IN NER A SANSIT FAL HY | | Canditions, if gave rise to | immediate | (b) | | | | | | | | | | | | |
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| DS, | ULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXALED AS A BURIAL- HEALTH AND ME AL, CREMATION, | 13 | PART 2 OTHER SIGNIFICA | ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) | | | | | | | | | | | | | |
| 0 | S S S S S S S S S S S S S S S S S S S | NO | | | | | | | | | | | | | | | |
| 28 | HEA AL, | CERTIFICATION | 19a. DATE OF OPER | ATION | 196 CONDIT | ION FOR | WHICH OPERA | TION WA | S PERFORA | MED? | | | | | 20 AUT | OPSY? | |
| Z N | SHOULD ORD "PE CHIEF A | Ē | | | | (V.) | | | | | | | | | YES | K | NO [|
| O. | CERTIFICATE SHOULD RITING THE WORD "PEI DED TO THE CHIEF W E 3 SHOULD BE USED A E DEPARTMENT OF HER OF PRIOR TO BURIAL, O | | UNDERLYING | | 21b. TIME OF HOUR A.M. | | DAY YEAR | 21¢ HO | W INJURY | OCCURRE | D (ENTER NA | ATURE OF INJ | IURY IN ITEM I | 18 PART 1 OR PA | ART 2) | | |
| ON | ARIOR SION | MEDICAL | CONTRIBUTING | CAUSE OF DE | 21e PLACE C | E INTUINA | 19 | | 171011 | | | | | | | | |
| DIVIS | SEROES | MEC | WHILE NOT | | STREET, FACTO | | | 211 LOC | REET | | | CITY OR TO | WN | cc | YTMUC | | STATE |
| | R: THI ATE, WA DRWA R: PA(F STA ID, 21) | 13 | 22a. I certify that | I took charge | of the remains desc | ribed abo | ve, held an | Autapsy | X. | Inspection | | Inquiry | П | and in my a | ninian | | |
| | AND THE NAME OF TH | | death resulted from | | causes X, | Accident | Do mo | # | Hamici | | | mined mo | | | pinon | | |
| | EXAL DIED LID LID LID LID LID LID LID LID LID LI | | | 11 | | 1/1 | 1,1 | 1 | TITLE (SP | | | | | | | | |
| | NEW YEAR | | ACTUAL SIGNATURE | - 1/1/ | 1,5000 | 11 | MUX | M. | Actin | g Chi | efmedic | AL EXAM | INER | DATE | ED 1 | 1/17 | /85 |
| | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BAUTIMORE, MARYLAND, 2 | - | EXAMINER'S NAME | - LO | Thomas D. | . Smi | th, M.I |) | DDDEGG | 111 | Penn | St. | Balt | to.MD. | | | |
| | PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE | 73°a, BI | JRIAN, CREMATION. | | | | NAME OF CEM | ^ | CREMATO | | 123d. LOC | | | | | | |
| 07/84 | BP 1898 | 1 | PECATY) | 1 | 1/23/85 | | BRACHY | | H. Ps | | CITY OF | NOOV | ER | P. Gou | NTY als. | STAT | E |
| 25M | DHMH - 17 | | JNERAL DIRECTOR | | ADDRESS | | | | | | | | | GISTRAR'S | SIGNATUR | | |
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REGISTRAR (AKA Middle Name - Ryan) CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

325114

- STATE

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland NO

250 DATE REC'D. BY REGISTRAR Sb. REGISTRAR'S SIGNATURE

P.G.

Forestville

REG. NO

2b. HOUR

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Darcy

APPROXIMATE INTERVAL

STATE

Maryland

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ROLLINS FUNERAL HOME, INC.

4339 HUNT PLACE, N.E.

WASHINGTON D.C. 20019

FOR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

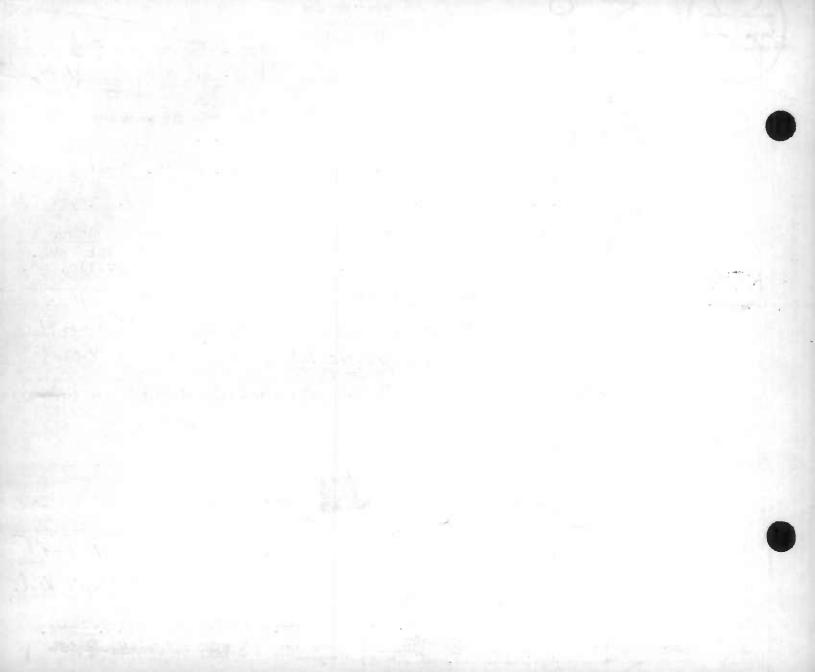
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR 338169 TYPE OR PRINTI IE UNDER I YEAR DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George's 12b. KIND OF BUSINESS OR (TYPE OF WORK EOR MOST OF WORKING LIFE) INDUSTRY None 13e.STREET ADDRESS / ZIP CODE 9013 S. Cherry Lane Webb 9013 S. Cherry Lane Upper Marlboro, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 4235-28th Avenue, Temple Hills, MD THE WAY WE ARE A WORK AND THE WAY WE ARE 2071.0 Prince George's MD

250 DATE REC'D. BY REGISTRAR JUL. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





FOR - STATE REGISTRAR . DECEASED NAME

Female BIRTHPLACE (STATE OR FOREIGN

Virginia

Cheverly

14 FATHER'S NAME

Theodore

No

CITY OR TOWN OF DEATH

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

Marks

5. DATE OF BIRTH

BALTIMORE CITY OR COUNTY OF DEATH

| | REG. NO. | | | | |
|---|---------------------------------|--------|--------|----------|--------|
| Т | 20 DATE OF DEATH MONTH | DAY | YEAR | 26 HOL | JR |
| | November 13, 19 | 985 | | 6: 2. | 5 P, |
| 7 | 6. AGE (IN YEARS LAST BIRTHDAY) | | RIYEAR | IF UNDER | 24 HRS |
| | 65 | MONTHS | DAYS | HOURS | MIN. |

5319 Decatur Street 20781

August 24, 1920 White 76 CITIZEN OF WHAT COUNTRY?

Prince George's General Hospital

MARRIED NEVER MARRIED WIDOWED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

YES K

Prince George's County (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife

13e.STREET ADDRESS / ZIP CODE

126. KIND OF BUSINESS OR INDUSTRY Own Home

5251

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1134. COLINTY 136 COUNTY Hvattsville Maryland P.G.

LIE YES GIVE WAR OR DATES!

18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

4 RACE

U.S.A.

Margaret

Jean

Reinhardt 166 SOCIAL SECURITY NO

229-18-9384

CEREBRAL

Katie 17 INFORMANT

13d INSIDE CITY LIMITS?

NOF

15 MOTHER'S MAIDEN NAME

Marhefka Address Same as No# 13.

Mr. Paul (N.M.I.) Marks

HEMORRHAGE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

ATHERO SCLEROTIC CEREBRO VASCULAR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 EMROLLOM

RELURRENT PULMONAR 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED.

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20g AUTOPSY? NOM 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

21n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC 1

216. TIME OF INJURY

211 LOCATION STREET

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive on above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CITY OF TOWN

Nov.14.1985

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

5632 Annapolis Road #9- Bladensburg, Maryland

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

23d LOCATION CITY OR TOWN Brentwood

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

Virender P. Singh, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE

11-16-85

23c NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

| : cvc ber 35, 3005 | e lau | neon Jeangan | |
|---------------------------|----------------------|--------------|-----------|
| | CSQI , AS Jawan | 3 Feb | 7.5 - 6 |
| Prince Connects County | | .7.7.11 | nin i-al- |
| onet mis china per | fifthent foreset ato | masi senim | 7 . 4 |
| E310 Decetor Street 20781 | z ollival | r.c. Tynt | 6msfy-ror |
| en en en en en en | aller Then | nnin | onologia |
| | E-CRM No. Land (X. | 1_000 | 0.7 |

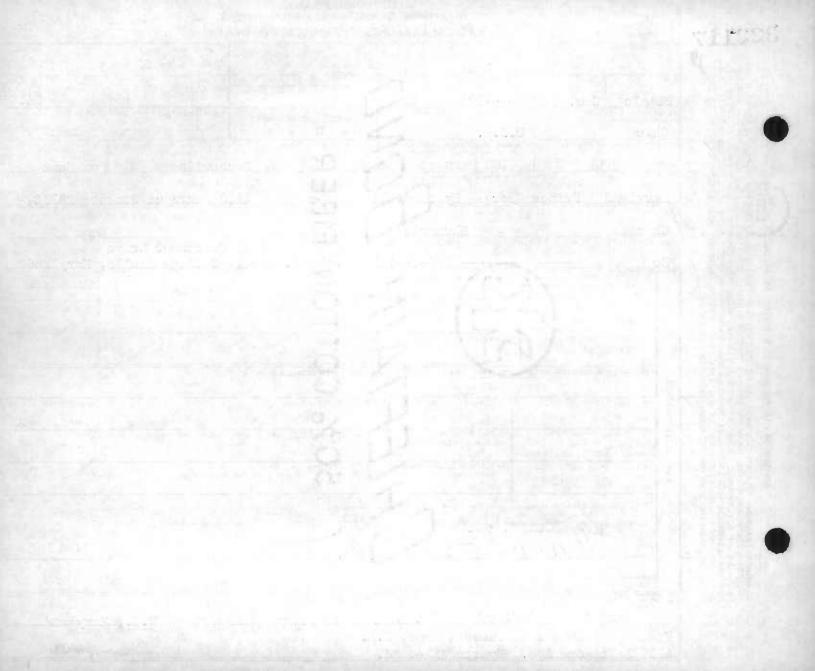
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2801,11,985

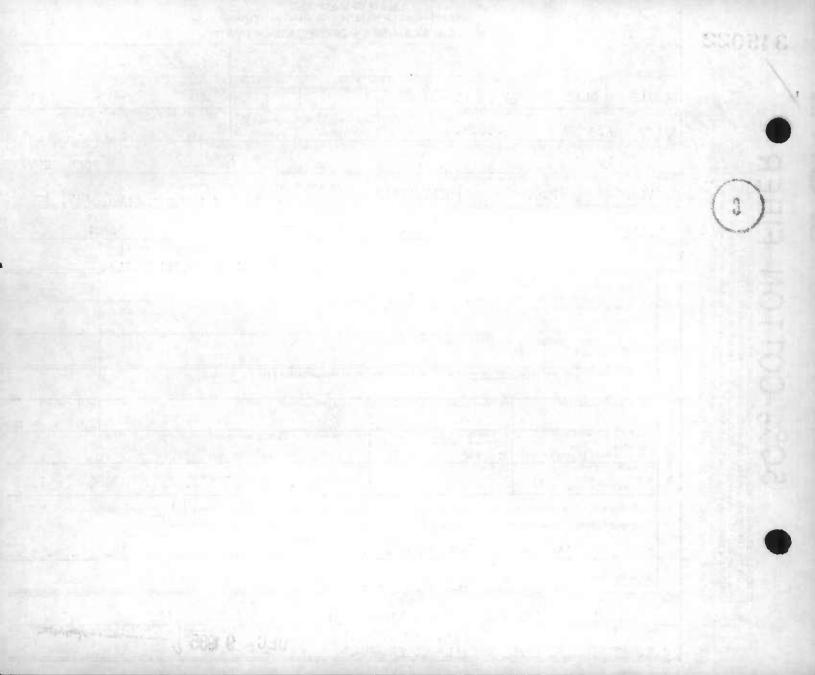
risender 9. Singl, n.m. 1872 tenarelin had 70- Bladenibusg, Maryland furial Fort timedia Complete Reentscal 9.6, Maryland

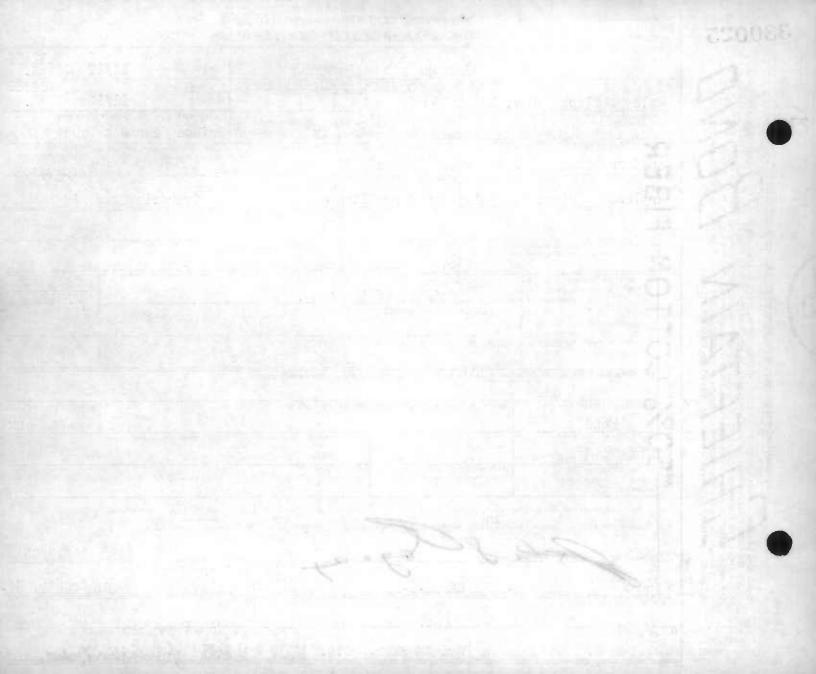
STATE OF MARYLAND

| | | FOR | | | | DEDART | STA | | MARYLAN | | IVCIEN | in the | | n. | 13 | 5 - | |
|--|---------------|-------------------------|---------------------------|--------------|----------------------|---------------|----------------------|--------------|----------------|---------------|-----------|--------------------|-------------|-----------|------------|------------|----------|
| 2004 411 | 1- | STATE | | | AAI | | EXAMI | | | | | | | U | line | 0 1 | 9 |
| 322117 | T DE | REGISTRAR CEASED NAM | E FI | IRST | 7716 | MIDDLE | EXAMII | VEK 3 | LAST | CATEC | AL DEV | Za DATE | REG. | | ONTH E | DAY YEAR | Zb. HOUR |
| ils. | | PE OR PRINT) | | | | | | | 67401 | | | OF | ESTI- | | | | Za. HOUR |
| PLEASE ECTOR. FILES. STREET, | 3. SE | _ | He 14. RACE | elen | Lou DATE OF BIRTH | iise | 16. AGE (IN Y | | NDER 1 YR. | IF UNDER | OALUDE | | MATED | 7 | 1-9 | 1985 | 2d HOUR |
| | 3. SE | ^ | 4. RACE | | AONTH DAY | YEAR | LAST BIRTH | | | HOURS | MIN | 2c DATE PRONOUN | ICED | | | | 11:20 |
| ARY OUT VOUT | | emale | Cau. | | 2-6-190 | | | /RS. | | | | DEAD | 000 0111 | | 11-9 | 1985 | a. M |
| ECESSARY, INERAL DIR MITHIN 72 PRESTON | | RTHPLACE (S | STATE OR | 17.71 | | VHAI COU | NIRY? | | RIED NE | | | | | - | | OF DEATH | |
| 95.5 | | hio | OF BEATH | | U.S.A. | CBIWAL ALL | Inch to the | | WED X | DIVORC | | Pri | nce (| Geor | rge's | Coun | |
| LAY IS I | 10.0 | ITY OR TOWN | OF DEATH | 11. | NAME OF HO | | | | HER INSTITU | TION | FOR. | MOST OF WOR | KING LIFE) | TYPE OF V | VORK 170 | OR INDUST | |
| | | yattsvi | | | 4108 F | 'arrac | rut Str | reet | 18,85.4 | | Hou | sewif | e | | Ov | vn Hom | e |
| PETAIN DE LECORE | | AL RESIDENCE STATE | | COUNTY | HER INSTITUTION, O | | Y OR TOWN | SION) | 13d. INSIDE CI | ITY LIMITS? | 13e. STR | EET ADDRE | SS | | | | |
| L RETAIN SHOULD R RECOR | M | aryland | Pr | ince | George | Hyat | tsvill | e | YES X | NO 🗆 | 410 | 8 Far | ragu | t Si | treet | 207 | 82 |
| 1 22 3 22 3 | A F | ATHER'S NAM | E | M | IDDLE | | LAST | | 15. MOTHE | ER'S MAIDE | ENNAME | | IDDLE | | | LAST | |
| 8 00 8 90 0 | | harles | | | | Ehrha | | | Emma | | | | | | Κe | enz | |
| ALTIMO AFTER D INE PAGE H FORM T ISION OF | 16a. | WAS DECEASE | D EVER IN U | S. ARMED | OR DATES) | 166 SO | CIAL SECURI | TY NO. | 17. INFORA | MANT 5 | 815 | Swart | hmor | SDr: | ive | | |
| JRS AFTER S. GIVE PA WITH FOR WITH FOR DIVISION | N | 0 | | | | - 579 | -12-48 | 331 | John | | | | | | | Mary1 | and |
| | 1 | IN CAUSE C | PATEL SALAR C | | ne cause per lir | | | | 441 | | | | | | | APPROXIMAT | |
| ON ST., 24 HOUR ITEM 18. LONG W PERMIT. GIENE, D | | PARTIDI | IMA | AEDIATE C | AUSE (o) | rteri | oscler | otic | Cardi | ovasc | cular | Dise | ase | | | | |
| STC N 2 A ALC AOV | | | | 1.1- | DUE TO, O | RASACO | NSEQUENCE | OF | | | | | | | | | |
| A NEW COLL | | | ns, if any, ise to imm | | (b) | E 1976 | | | | | 76.4 | | | | | | |
| 201 W. PREI UTED WITHIN IN PENCIL IN EXAMINER RIAL - TRAIL AMEL - TRAIL ON, OR REM | | cause (a lying car |) stating the use last. | under- | DUE TO, O | RASACO | NSEQUENCE | OF | | | | 1637 | VIIII | | | | |
| HOULD BE EXECUTED WITHIN 24 HOURD BE EXECUTED WITHIN 24 HOURD BE PENDING" IN PERFORM IN THEM 13 HIEM 14 HOURD AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE. RIALL, CREMATION, OR REMOVAL. | | (c) | | | | | | | | | | | | | | | |
| D BE EXECUTORS ENDING: MEDICAL AS A BU EALTH AN | | PART 2 OTHER S | IGNIFICANT CON | DITIONS CONT | RIBUTING TO DEAT | N BUT NOT REL | ATEO TO THE TER | MINAL DISEAS | SE OR CONDITIO | N GIVEN IN PA | RT I o | | | | | | |
| A A S A S A S A S A S A S A S A S A S A | N S | Carcinoma (NOS) | | | | | | | | | | | | | | | |
| AL, PER | 13 | 190 DATE OF | OPERATION | 1 | 196. COND | ITION FOR | WHICH OPE | RATION V | VAS PERFOR | MED? | | | | | | 20 AUTOPSY | .5 |
| S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RRING THE WOOD DE EXECUTED WITHIN 24 HOI RRING THE WOOD "PENDING"." IN FEACUL, IN ITEM 18 PEDED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMITED PENDING TO PREMIT FRANSIT PERMITED PENDING TO BURIAL, CREMATION, OR REMOVAL. | CERTIFICATION | | | | | | | | | | | | | | | YES | ХХои |
| OF THE WAR | | 210. EXTERNA | | AS | HOUR A. | | DAY YEA | AR ZIc. H | IOW INJURY | OCCURRE | D LENTER | NATURE OF INJ | URY IN ITEM | 18 PART 1 | OR PART 2) | 23.5 | |
| ON DEPT OF THE PROPERTY OF THE | MEDICAL | CONTRIBUTI | NG CAUS | SE OF DEA | | | 19 | | | | 106 | | | | | | |
| PRO DEP | WED | 21d. INJURY O | | | | CTORY, FARM, | Y (AT HOME, ETC.) | | STREET | | | CITY OR TOV | WN | | COUNTY | , | STATE |
| #3444C | | AT WORK | AT WORK | TE 🗆 | | | - 25 | | | | | | | | | | |
| DIVISION OF VITA MNER: THIS CERTIFICATE SHG FORWARDED TO THE CH CTOR: PAGE 3 SHOULD BE U HTHE STATE DEPARTMENT O LAND, 21201 PRIORT OBUR | | 22a. I cert | ify that Hook | charge af | the remains di | escribed ab | oye, held on | Autop | psy . | Inspectio | n X. | Inquiry | | ond in | my opinio | on | |
| NA PRINCIPAL OF THE PRI | | death result | red fram: | Notural c | auses XX | Maccidel | (s | vicide / | , Hamic | cide . | Undet | ermined mo | inner _ |], | | | |
| ERT ERT | | | X On | | 10% | 21 | 1-1 | . Mi | THEE | PECIFY) | | | | | | | 0.5 |
| A # 5 A # 4 A | 4 | SIGNATURE | 400 | l. ce | 06/ | De | con. | 1 M | Assi | stant | MED | ICAL EXAM | INER | | DATE | 11-10 | -85 |
| PE T SINE T | | EXAMINER'S | NAME | | | _ | (). n | | | 777 - | | C+ | n-1+ | | 24.2 | 2120 | 17 |
| TO MEDICAL EXAMINER: THE EXCUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTIEROEATH, WITH THE STAME AND 2 BALTMORE, MARYLAND, 2 | 1 | (TYPE OR PRI | NT) | | is F. S | | | | _ADDRESS | | | St., | Balt | 0., | Ma. | 2120 | T |
| F07549 | 23a, B | URIAL, CREMA | TION, REMO | 0 | | 23ε. | NAME OF CE | METERY | OR CREMATO | ORY | 23d. LC | OR TOWN | - | 100 | COUNTY | 9 | STATE |
| 07/84 BP | 24.5 | Bur | ial | 11 | -13-85 | F | t. Lin | coln_ | Cemet | ery | Br | entwo REGISTRA | od, I | P.G. | Ma | rylan | d |
| DHMH - 17 | F | UNERAL DIRECTS | Gasch' | s Sor | is Fune | ral H | ome, P | .A. | | DATE | REC'D. BY | REGISTRA | | | | NATURE | |
| (VR A15 ME (5)) | 4 | 739 Bal | timore | Ave | Hvat | tsvil | le. Md | | | NUV | 14 | 1985 | | 1000 | اسمحول | Parpha Blu | |



| | | FOR | | | DEPART | | TE OF MAI | RYLAND ND MENTAL I | HYGIEND | 5 | 3 2 | 3 | 8 0 |
|--|---------------|----------------------------------|--|-------------------------------------|------------------------------------|---|-----------------|---------------------------------|---------------|--------------------------------|--------------|-----------------------|---------------------------------|
| 245022 | | STATE REGISTRAR | | ME | DICAL | EXAMIN | ER'S CER | RTIFICATE C | OF DEATH | REG. | NO. | | |
| 345022 | | CEASED NAM | E FIRST | | WIDDLE | | LAST | | 2a. D. | | MONTH X | DAY YEA | AR 25 HOU |
| 22 8. S. S. F. | LIAB | E OR PRINT} | AGN | IFS. | | Δ | M | IASSEY | DE | OF ESTI- | ~11-27 | 7-85, | |
| A STILE TREE | 3. SEX | (| 4 RACE | 5. DATE OF BIRTH | MEAR | 6. AGE (IN YE | ARS IF LINDER | TYR. IF UNDER | | DATE | MONTH | | AR 2d HOU |
| RV. PIEASE DIRECTOR. OUR FILES. TT HOURS | 1 | MALE | BLACK | MAY 5, | | 10 | NY) MONTHS | DAYS HOURS | | OUNCED DEAD | | 7-85,9 | 5:47 |
| NECESSA NECESSA S FOR Y WITHIN | Al | RTHPLACE (S REIGN COUNTRY) | | 75 CITIZEN OF W | A- | | WIDOWED | NEVER MARK | DED D | rince (| or count | | |
| PAGE STEED | A | ty or town Chever 1 | | 11. NAME OF HO | ACILITY, GIVE S | STREET ADDRESS) | | | FOR MOST O | CCUPATION (F WORKING LIFE) | TYPE OF WORK | OR INDU | |
| (X3) | 13a. S MAI | TATE RYLAND | (IF IN NURSING HOME | E OR OTHER INSTITUTION C | GIVE RESIDENCE | E BEFORE ADMISSIN Y OR TOWN TSVILLI | 13d. | INSIDE CITY LIMITS? | 13e STREET A | DDRESS | N DI VA | APT. | 105 |
| | N | ATHER'S NAME FIRST | | MIDDLE | D.T. A. | , LAST | 15. | MOTHER'S MAID FIRST BETTY | EN NAME | MIDDLE | - | LAST H AW | |
| ATTER DE NYE PAGE NYE NYE NYE NYE NYE NYE NYE NYE NYE NY | 16a V | | D EVER IN U.S. A | FRANK RMED FORCES? /E WAR OR DATES) | 16b SO | SSEY CIAL SECURIT | | INFORMANT | - A | OWENS | | | |
| ON ST., EV TEM 18 G ONG WIT PERMIT, PI PERMIT, PI VAL | 7 | 18 CAUSE C PARTIDE | EATH WAS CAUS | ATE CAUSE (a) MU | ltiple | e injur | | | VALA | VIVILL | 57-F-A | APPROXIM BETWEEN O | MATE INTERVAL DNSET AND DEAT |
| S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RRING THE WOOD OF EXECUTED WITHIN 24 HO RRING THE WOOD "PENDING" IN PERFORM IN TEAM PEDED TO THE CHIEF MEDICAL, EXAMINER ALONE 5E 35 SHOULD BE USED AS A BURIAL - TRANSIT PERM EDEPARTMENT OF HEALTH AND MENTA HYGENE OF PROPERTION, OR PEMONAL. | | gave ri cause (a | ins, if any, which ise to immediat) stating the <u>unde</u> | (b) | | NSEQUENCE (| | | | | | | |
| SHOULD BE EXECUTED WITH SHOULD BE EXECUTED WITH SENGING "IN PERSONAL EXAMINED AS A BURLAL-TRANFOR HEALTH AND MENTAL COFFICE AND MENTAL COFFICE AS A SHOULD S | | PART 2 OTHER S | | (c) | I BUT NOT REL | ATEO TO THE TERM | INAL DISEASE OR | CONDITION GIVEN IN P | ART 1 (g) | | | | |
| RECORDS D BE EXECTENDING: MEDICAL AS A BU CREMAT | Z | 3 /4 | | | 10v | | | | | | | | |
| SHOULD ORD "PER OR CHIEF ME USED A LIOF HEA LOF LEA LOF HEA LO | CERTIFICATION | 190. DATE OF | FOPERATION | 19b. COND | ITION FOR | WHICH OPER | ATION WAS | PERFORMED? | | | | 20. AUTOP | |
| CERTIFICATE SH CERTIFICATE SH STRING THE WOR PED TO THE C E 3 SHOULD BE U. E DEPARYMENT. | | | AL CAUSE WAS OR ING CAUSE OF | 216. TIME CHOUR A./ | M. MONTH | DAY YEAR | | senger C | | | | RT 2) | |
| DIVISICE THIS CERTIING RWARDED TO STATE DEPARTS STATE DEPA | MEDICAL | 21d. INJURY | OCCURRED | 21e PLACE | OF INJURY CTORY, FARM, I CET | (ATHOME, | 21f LOCAT | Oblk.Amm | | | | | ryland |
| DIVISI DIVISI CATE, WRITING FORWARDED TOR: PAGE 3 St THE STATE DEPA | | 22a. I cert | ify that I taak cha | rge of the remains de | | | Autapsy | , Inspection | | Juiry . | and in my ap | inion | |
| TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BATTIMORE, MARKLAND, 2 | | death result | led from Not | Marta N | Accident | C. 10 | | TITLE (SPECIFY) | Undetermin | 110 | DATE | 11 0 | 0.05 |
| SHO SHO | 9/ | SIGNATURE | 7000 | Jana M | | MAN | M.D | Assistan | MEDICAL | EXAMINER | SIGNE | 11-28 | 3-85 |
| A A SE A A STIME | 1 | EXAMINER'S (TYPE OR PRI | NT) | largarita <i>i</i> | | | | DRESS 111 P | | | | | |
| | 23a B | URIAL, CREMA SPECIFY) BURI | TION, REMOVAL | 12/7/85 | | NAME OF CEA | | RIAL CEM | 23d. LOCATI | SONVILL | COUN | | STATE |
| 07/B4 BP | 24 F | UNERAL DIREC | | | | LANDOV | | 25a. DATE | REC'D. BY REG | STRAR 256 RI | | | |
| DHMH - 17 (VR A15 ME (5)) | J | -B. JEN | KINS FU | VERAL HOME | | | | UE UE | U 9 19 | 85 0 | | | |





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Mental Hyg

old be detached the State Dept.

(VRA 15. 4)

urial-tro

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

MAUZEY

5. DATE OF BIRTH

May 20 1929

| G | IENE | | 0 | da s | |) 6 |
|---|-------------------------|----------|-------|------------|----------|--------|
| | REG. I | NO. | | | | 1 |
| | 20. DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOL | JR |
| | | NOV | 21 | 85 | 08: | 21 p |
| 1 | 6. AGE (IN YEARS LAST B | HRTHDAY] | | DER I YEAR | IF UNDER | 24 HRS |
| | 56 | YRS | MONTH | S DAYS | HOURS | MIN, |
| | 9 BALTIMORE CITY | OR COUN | TYOFD | EATH | | |
| | Prince | Geor | rge | | No. | WD |
| | 12a. USUAL OCCUPA | | | | OF BUSIN | ESS OR |
| | Retired | Mili | tar | Y | USI | 1 |
| 1 | 13e.STREET ADDRESS | / 7IP CO | DE | | | |
| | 4119 28 | | | ue | 207 | 48 |

O. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Michigan USA WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Malcolm Grove Hospital Andrews AFB

MIDDLE

H

White

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Maryland Hillcrest Ht YES Pr Geo

4 RACE

4. FATHER'S NAME FIRST MIDDLE Shipley Henry 60 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN)

WILLIAM

166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 29Aug1966

18 CAUSE OF DEATH (Enter only one couse per line CARD FORESPIRATORY ARREST PART I. DEATH WAS CAUSED BY:

CARDIORESPIRATORY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Mauzey

4260 Dorothy Leah Mauzey

HEART FAILURE

17 INFORMANT

15. MOTHER'S MAIDEN NAME

Thelma

ADDRESS

MIDDLE

Same as #13

Smith

IMMEDIATE CAUSE (0)_ Conditions, if ony, which gove rise to immediate couse (0), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

90 DATE OF OPERATION

WHILE NOT WHILE

- STATE

(TYPE OR PRINT)

Yes

3. SEX

REGISTRAR 1 DECEASED NAME

Male

DUE TO, OR AS A CONSEQUENCE OF

20g AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

21 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

220 I certify that (1) (this haspital) attended the deceased from_

above, (1) (we) (did) (did not) view the body ofter death

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC 1

21f LOCATION

NOV

NOF

COUNTY STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

40 min

sow the deceased alive on ___

MA

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

1 100V

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

23d LOCATION

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED 11-21-85

BETH HASELHORST

MALCOLM GROW USAF MEDICAL CENTER

Burial

230 BURIAL, CREMATION, REMOVAL

226. SIGNATURE

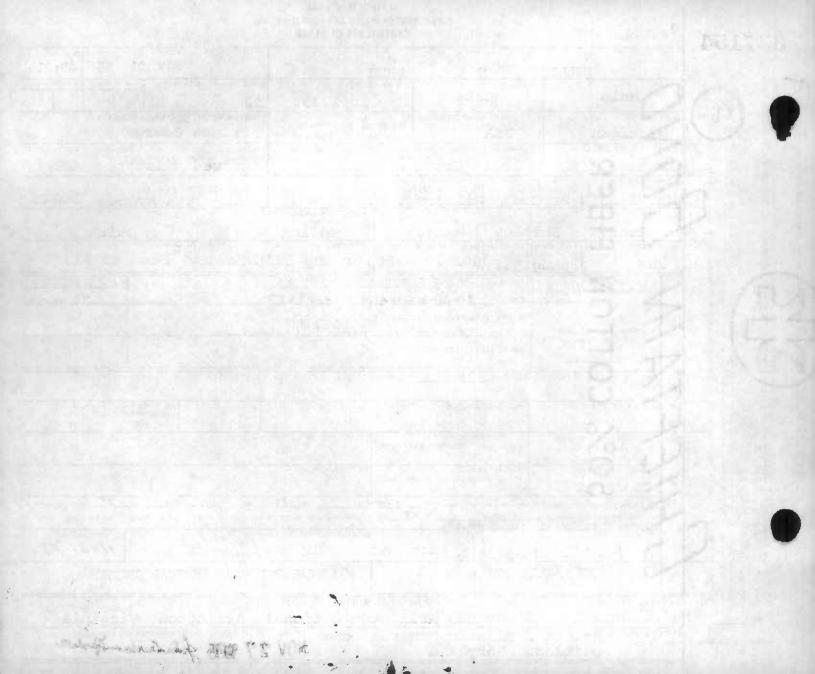
BP DHMH - 16 60M 7/B4

CERTIFICATION

MEDICAL

25Nov1985 Arlington National 24. FUNERAL DIRECTOROBERT E Wilhelm Funeral Home Suitland Maryland

Arlington Virginia



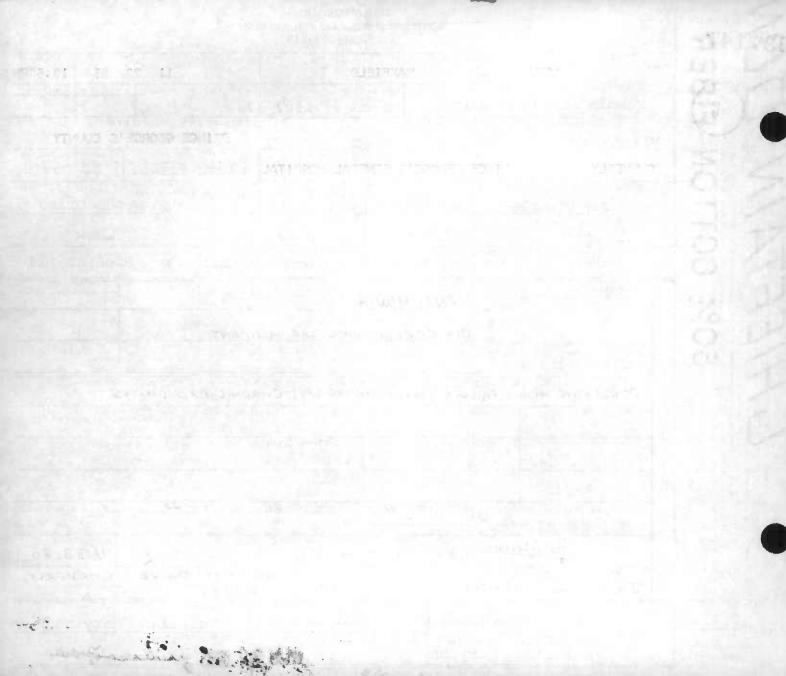
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYC | REG. NO | | 4 | | | | |
|---|--|---------------------------------------|---------------|------------------------------------|---|-------------------|-------------------------------|---------------|--|--|--|
| 1. DECEASED NAME | FIRST | MIDDLE | L | AST | | MONTH DAY | YEAR | 2b HOUR | | | |
| (TYPE OR PRINT) | VERA L | EE | MAXFIE | LD | | 11 22 | 85 | 10:50P | | | |
| 3. SEX | 4 RACE | | 5 DATE C | FBIRTH | 6 AGE (IN YEARS LAST BIRT | | UNDER I YEAR | | | | |
| Female | W | hite | Marc | h 28 1907 | 78 | YRS | NIHS DATS | HOURS MIN. | | | |
| BIRTHPLACE (STATE OR | FOREIGN 76 CITIZEN O | WHAT COUNTRY | ? 8 | □ NEVER MARRIED □ | 9 BALTIMORE CITY O | | FDEATH | | | | |
| Virginia | USA | A | WIDOWE | | PRINCE | GEORGE | 's cou | NTY M | | | |
| 10 CITY OR TOWN OF DE. | | | ING HOME C | ROTHER INSTITUTION ERAL HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CLERK-Tr | | 12b. KIND O INDUSTRY US | Gov t | | | |
| USUAL RESIDENCE (IF NUR 130. STATE Maryland | Charles | 13t. CITY OR TOV Mechan | | 13d. INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS / 865 Cro | | ods D | c59 | | | |
| Bernard | WIDDLE | Shiffl | et | IS MOTHER'S MAIDEN NA Daisy | WIDDLE | | Snow | 7 7 | | | |
| 160. WAS DECEASED EVER {YES NO OR UNKNOWN} | IN U.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES) | | | Kennie M M | Maxfield,J | | ame a | ıs #13 | | | |
| Canditions, if ony gave rise to im cause (a), statiunderlying couse | PART I. DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF UNDER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN CONCESTIVE HEART FAILURE; HYPOTHYROIOISM; CHRONIC BRONCHITIS. | | | | | | | | | | |
| PO NGEST 190 DATE OF OPERA 210. ACCIDENT WAS UN | | | | WAS PERFORMED | 1200 AUTOPSY? | 20b. IF YES, V | | | | | |
| E E | | | | | YES NO | YES | | NO 🗌 | | | |
| OD CONTRIBUTION OF | CAUSE OF DEATH HOUR | of injury A,m. month (P.m. | DAY YEAR | 21s. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | I OR PART 2) | Mile | | | |
| (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT W AT WORK | HILE T | E OF INJURY TREET, FACTORY, OFFICE | , FARM, ETC } | 21f LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | | | |
| saw the deceas abave, (1) (we) (| (this hospital) attended ed alive an // edid) (did nat) view the boo | 22 19 | , an | d that in (my) (our) opinian | | j, 19 | ind from the | | | | |
| 22b. SIGNATURE | Spe Mann | Clar | caux | | MEDICAL STAP | | | 13.85 | | | |
| JATIND | | IN | | MD, | 20785 | ZIVE) | CHE | VERLY, | | | |
| 230. BURIAL, CREMATION (SPECIFY) Buri | | | | EMETERY OR CREMATORY [ill Cemete: | ry Suit1 | and | COUNTY Mary] | Land | | | |
| 24 FUNERAL DIRECTOR C | | lhelm Fu ryland | neral | Home 250 DA | TE REC'D. BY REGISTRAR | 25b. REGISTRA | R'S SIGNAT | URE | | | |

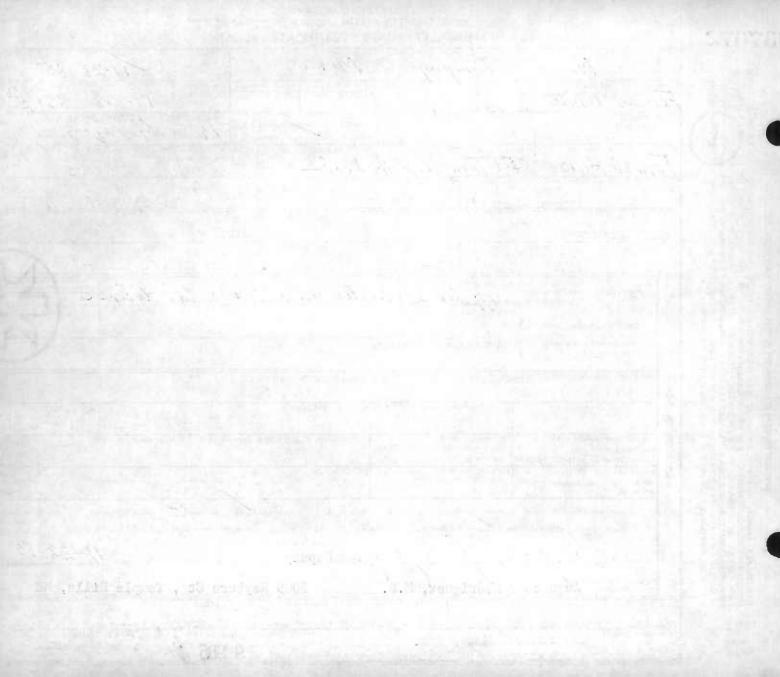
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is



| | | 1. | FOR STATE | | D | STAT EPARTMENT OF H | | ARYLAND AND MENTAL H | YGIENE | 5 | 3 2 | 3 8 | 3 4 |
|--|--|---------------|--|---|------------------|---|---------|---|--------------------------|-----------------------------|-----------------|------------|----------------------|
| 337 | 7072 | | REGISTRAR | | MED | ICAL EXAMIN | ER'S C | ERTIFICATE O | F DEATH | REG. I | NO. | | - |
| 9 | Manar | | CEASED NAME OR PRINT) | Macmi | Den | MIDDLE 1 PSEL | M | Peacle | O | TE KNOWN . F ESTI- TH MATED | 50.1 | 28 19 8 | 2b HOU |
| | PIERS PIERS DIRECTOR PUER FILE NO STREET | J SEX | male | White | Sentember | 6. AGE (IN YEAR LAST BIRTHDA 19,1903 82 | MONTH | DER 1 YR. IF UNDER | MIN PRONC | ATE DUNCED AD | MONTH 11-2 | S 1985 | 2d, HOLL 5 / 215/ |
| • | P | FC | RTHPLACE (FREIGH COUNTRY) | | LISA | | 0 | ED NEVERMARRI | ED L | IMORE CITY | TROUNT | Y OF DEATH | M |
| | 10 | | on ble | | | ITAL, NURSING HOME ILITY, GIVESTREET ADDRESS) | OR OTHE | . 0 | FOR MOST OF | WORKING LIFE) | YPE OF WORK | OR INDUS | BUSINESS |
| 21201 | See | 13a S | TATE DENCE | 136. COUNTY | | RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Temple Hi | | 13d INSIDE CITY LIMITS? YES V NO | 13e STREET AD | DRESS | Hill Ro | |)748) |
| WD. | FAN 3 | 14. F/ | THER'S NAM | ΙE | WIDDLE | LAST | | 15. MOTHER'S MAIDE | | MIDDLE | | LAST | 7107 |
| NO W | PAGEN I | Ióa. V | VAS DECEASE | ED EVER IN U.S. ARM | ED FORCES? | 166. SOCIAL SECURITY | NO. | 17 INFORMANT | | ADDRE | SS | | |
| BALTIMORE, | INS AFTER MITH FOR MITH FOR DIVISION | | OV. | N/A | | 578-28-061 | L6 | Robert R. | Meade, | Same A | As #13 | A-E | 100 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | D BE EXECUTED WITHIN 24 HOUSTONING "IN PENCIL IN ITEM 18 WEDIOCAL EXAMINER ALONG VAS A BURIAL TRANST PERMIT AS A BURIAL TRANST PERMIT AND MENTAL HYGIENE. CREMATION, OR REMOVAL. | NO | Canditio gave r cause (a lying ca | | (b) DUE TO, OR A | AS A CONSEQUENCE OF | DF | OR CONDITION GIVEN IN PA | | LAV C | useo | | |
| L REC | HOULD BE EX NRD "PENDIN CHIEF MEDIC E USED AS A E OF HEALTH / JRIAL, CREM | CERTIFICATION | 19a. DATE O | FOPERATION | 196 CONDITI | ON FOR WHICH OPER | ATION W | AS PERFORMED? | | | | 20 AUTOPS | Y? |
| AT. | O C O W P - | TIE | | | | | | | | | | YES 🗌 | NO [|
| ON OF | CERTIFICATE SHOULD STILL STATE AND "PRING THE WORD "PRING THE CHIEF A SHOULD BE USED EDEPARJMENT OF HE DRIGK TO BURIAL." | | UNDERLYIN | AL CAUSE WAS G OR ING CAUSE OF DE | ATH P.M. | MONTH DAY YEAR | 21c. HO | W INJURY OCCURRE | D (ENTER NATURE O | F INJURY IN ITEM | B PART I OR PAR | (2) | y little |
| DIVIS | SEROES | MEDICAL | 21d INJURY WHILE AT WORK | OCCURRED NOT WHILE AT WORK | | FINJURY (AT HOME, PRY, FARM, ETC.) | 21f LOC | ATION | CITY OI | RTOWN | cou | ИТУ | STATE |
| • | TO MEDICAL EXAMINER: TH EXECUIT THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21: | 23o. B | 220. I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR | ify that I taak charge ted fram Natura | o P Kodri | Accident , Sun | | Homicide TITLE (SPECIFY) Deputy ADDRESS 5009 R | Undetermined MEDICAL EX | AMINER Ct , Te | | //-28 | |
| 07/84 | BP | Bu | rial | Decen | ber 3, 19 | 85 Fort Lin | ncoln | Cemeters | | twood. | Maryl | and | STATE |
| 25M | DHMH - 17 | 24 F | NAME | CTOR Lee Fun | eral Home | , Inc. | | 250. DATE F | REC'D. BY REGIS | TRAR 256 REG | GISTRAR'S S | GNATURE | , |
| | (VR A15 ME (5)66 | 13 | old Ale | exanderFer | ry Road. | Clinton, Ma | arvla | NUV ba | 29 1985 | 1 Files | 1 300Y | - Indian | - |



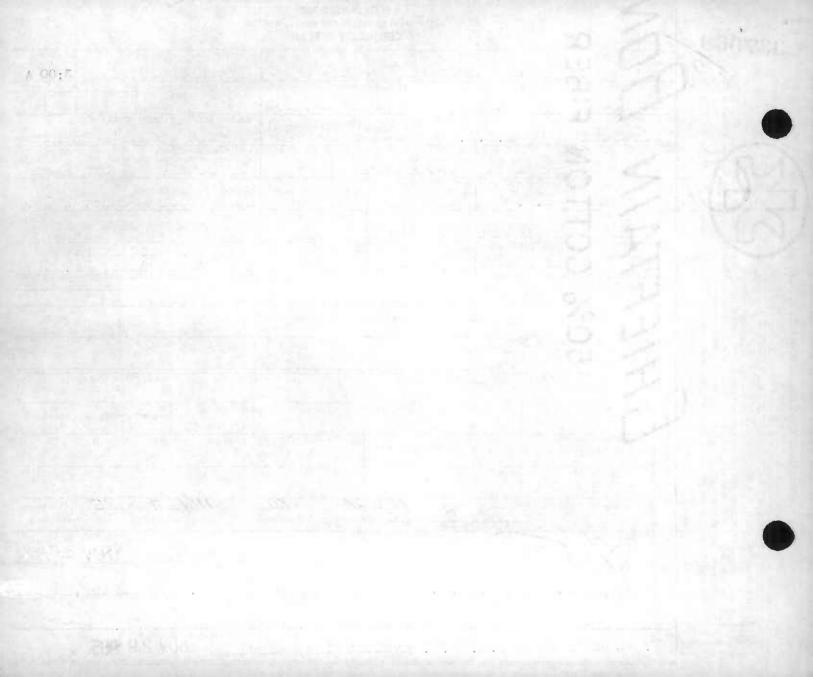
337068

STATE OF MARYLAND

| CERTIFICATE OF DEATH | GIENE | | | 4 |
|----------------------|------------------------|-----|------|-----------|
| CERTIFICATE OF DEATH | REG, NO. | | | |
| 1 4 6 7 | 2. DATE OF DEATH WONTH | DAY | VEAD | Tay WOULD |

| 1 | | REGISTRAR | | | | CENTIL | ICATE OF DEATH | REG. N | 0. | | |
|-----|------------|--|---------------|----------------------|--|-----------|---------------------------------|--------------------------------|----------------|-------------------|----------------------------------|
| | | EASED NAME | FIRST | N | NIDDLE | | AST | 20. DATE OF DEATH | | DAY YEAR | 26 HOUR |
| | 3 | 100000 | rjor | | ertrude | | Metz | Novembe | | , 1985 | 3:00 AM |
| V | 1. SEX | | | 4 RACE | | 5. DATE C | | 6. AGE IN YEARS LAST BI | THDAY) | MONTHS DAYS | HOURS MIN. |
| . 1 | 100 | emale | | Whit | e | J | uly 20, 190 | | YRS | 91 93 | |
| Н | BIF | RTHPLACE (STATE OR F | OREIGN | | WHAT COUNTRY? | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | _ | | |
| | | OUNTRY) lissouri | | U.S. | | WIDOWE | | Prince | Geor | ge's C | ounty MD. |
| 7 | 10 CI | TY OR TOWN OF DEA | TH | (IF NOT IN SUCH | FACILITY, GIVE STREET A | ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | OF WORKING L | | OF BUSINESS OR |
| | | Cheverly | | | Crest A | | e | Housewi | fe | Own | Home |
| 7 | 13a S | L RESIDENCE (IF NURS TATE (aryland | 136 COUN | 1TY | GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Cheve: | N | 13d Inside City Limits? YES NO | 13e STREET ADDRESS 2612 Cre | ZIP COD | venue, | 20785 |
| 1 | 14.FA | THER 5 NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | 1.81 | 12 |
| И | | Leo | | incent | Ohlma | an | Ann | | | | ah1 |
| | 160 W | AS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | 3002 | ES West | t Aven | ue |
| | N | 10 | | | 577-40 | -247 | Thomas Me | etz, Fore | stvi | lle, M | d. 2074 |
| | | 18 CAUSE OF DEAT PART I. DEATH W | H Enter on | ly one couse per | line for ioi, (b), and | dicell | | | | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH |
| 1 | - 1 | PART I. DEATH W | | D BY: E CAUSE (a) | Metasta | tic | carcinoma o | f the bre | ast | | |
| | | | | | AS A CONSEQUE | NCE OF | | | | | |
| | | Conditions, if any, | which | (b) | AJ A CONSEGUE | | | | | 100 | |
| - 1 | 74 | gave rise to imm | | DUETO | AS A CONSEQUE | NCE OF | | | | | |
| 1 | | underlying cause | | (6) | AS A CONSEQUE | NCE OF | | | | | |
| | | PART 2 OTHER SIGN | NIFICANT C | CONDITIONS CO | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GI | VEN IN PART I | 0 |
| 1 | NO. | | | | | | | | | | |
| 2 | 8 | 190 DATE OF OPERA | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | S, WERE FINDI | |
| | CERTIFICAL | | | | | | | YES NOTE | | FYING CAUSES | NO [|
| 13 | CER | 210. ACCIDENT WAS UND | | 216. TIME OF | FINJURY M. MONTH DA | V VEAD | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | IRY IN ITEM 18 | PART 1 OR PART 2] | |
| 7 | A | OR CONTRIBUTING (| | stri | | 19 | | | | | |
| | MEDICAL | 21d INJURY OCCUR | | 21e PLACE C | OF INJURY | | 211. LOCATION | CITY OR TO | DAGNI. | COUNTY | STATE |
| | ž | NOT WE | ILE | (AT HOME, STRI | EET, FACTORY, OFFICE, FA | ARM ETC } | SINEET | CITTORIC | ,,,, | COOIT | 31416 |
| | | 220.1 certify that (1) | | tal) attended the | deceased fram_ | NOV. | 28 1980 | _, to NOV | 7_ | 19.85 | that (II (we) lost |
| | | saw the decease | ed olive on | I view ha bady | | 35.0 | nd that in (my) (aur) apinion o | death accurred an the d | ate and ho | | |
| | | 774 SIGNATURE | ALIA TANIO NO | 7/1 | arrer dearn. | | DEGREE | | | 22c. DATE | SIGNED |
| | | OXKL | 11 D | a/V 3 | | | ATTENDING PHYSICIAN | MEDICAL STA | | NAV | 25 1985 |
| Ħ | | 224 PM 1 100 100 100 | ME (IWE O | at #80+(1) | | | 22e ADDRESS | J Dinizeron E 717781 | | 11107. | ,,,,,,, |
| | | David | Л. Н | aidak, | M.D | | 8926 Wood | vard Rd # | 2010 | linton | MD |
| | 230 B | URIAL, CREMATION, | | 23b DATE | | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | ZUIU. | TITLEOIL | 110 |
| | (: | SPECIFY) | | | | | gton Nationa | CITY OR TOWN | | COUNTY | STATE |
| | 24 FU | urial | | 111-26 | 00 | | 250 DAT | F REC'D BY REGISTRAR | 25b. REGIS | TRAR'S SIGNAT | aryland |
| | T | Masch | s So | ns F H | P AMPRESS I | Twatt | sville, Mar | criland N | | 9 1985 | |

DHMH - 16 60M 7/B (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Moth. 12 1985 Ellen 10:45 PT Mary McLaughlin 5 DATE OF BIRTH 4 RACE 6. AGE (In years lost birthday) 3. SEX IF UNDER 1 YEAR IF LINDER 24 HRS HOURS Female November 8. 1893 YRS 7a. BIRTHPLACE (State or fareign country) Leominster 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X PG COUN WIDOWED [7] DIVORCED ofter U.S.A. Mass. M. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR during mast af warking life, even if retired.) dive street oddress Manor Nursing Home INDUSTRY W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Hvattsville 13a. USUAL RESIDENCE (Where deceased lives, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE virginia 36. COUNTY Fairfax 1800 YES 🗔 McLean Meadow Road 4. FATHER'S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME First Last William McLaughlin Margaret Sheerin 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 511 essFlorida Avenue (Yes, no, or unknown) Capt. Charles S. O'Toole Herndon. 073-28-8355 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 0 19es IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF xocardral dechemia. Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse xocardial Infaction. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Post DIVISION OF VITAL RECORDS. 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [X] 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) CAUSE OF DEATH HOUR AM Month Day Year (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at wark 220. 1 certify that (1) (this haspital) attended the deceased from 1985 and that in (my) (our) apinion death accurred an the date and haur and fram the causes stated abave (I) (we) (did (did not) view the bady after death 22b. SIGNATURE DIRECTOR 22e. ADDRESS 7500 Greenway 22d. PHYSICIAN'S NAME (Type) Md. Greenbelt 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial Removal St. Leo's Cemetery Leominster Worchester, MA 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Cherry Davidson Broken (VR A15 (4)) J. Berkley Green, 721 Elden St., Herndon, VA DATE

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 322162 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI JOHN **MENCARINI** 11-08-85 11:18PM 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 3. SEX December 3, 1899 Male White 85 To BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED PRINCE GEORGE WIDOWED DIVORCED Italy CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Self Employed CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL 6121 Landover Road Mary land Cheverly 20785 NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Guiseppi Mencarini Amelia (Unknown) 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 578-44-5439 Laura Mencarini (Wife) Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Hour IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NOF 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from NEV-8 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto 22e ADDRESS 778 PHYSICIAN'S NAME (TYPE OR PRINT) C. HUNG, M 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 11/12/85 Fort Lincoln Cemetery Brentwood Marylan Francis Gasch's Sons Funeral Home, P.A. DHMH - 16 60M 7/B4 4739 Baltimore Avenue Hyattsville, Md. 20781 (VRA 15, 4)

Contraping dheat retrains my Country may who wheel Duty the miles that The Royal District to the second Secretary My Real THE C. MINNEY, AS

REGISTRAR 1. DECEASED NAME

Maryland

10. CITY OR TOWN OF DEATH

Theodore 4 RACE

I STATE OR FOREIGN

White Th CITIZEN OF WHAT

1. NAME OF HOSPITA

USA

(TYPE OR PRINT)

3 SEX

| | STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | | | | | | | | | |
|--------------------|---|--|--|--|--|--|--|--|--|--|--|
| | LAST | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | | | | | | | |
| | Merson | November 16, 1985 a12:304 | | | | | | | | | |
| | November 19,1910 | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. | | | | | | | | | |
| OUNTRY? | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | | | | | | | |
| | HOME OR OTHER INSTITUTION PItsville Hospital | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY US Govt | | | | | | | | | |
| YOR TOWN Laurel | 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS / ZIP CODE 516 Prince George St 20707 | | | | | | | | | |
| LAST N | 15 MOTHER'S MAIDEN NAM | ME MIDDLE LAST Shoemaker | | | | | | | | | |

| and the last | aurel | G | reater | Laurel | "Beltsv | ville Hospital | clerk | | U S G | out |
|--------------|---|---|---------------------------------|--------------------|----------------|---|----------------------------------|---------------------------------------|-------------------|-----------------------------------|
| 130 | AL RESIDENCE (IF NURSII STATE Jaryland | 136 COUNTY | | 130 CITY OR TO | NWC | 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS 516 Prince | | e St | 20707 |
| | ATHER'S NAME FIRST homas | MID | | rson | | 15 MOTHER'S MAIDENNA FIRST Annie | ME | Shoemake | LAS | |
| 16a 🖈 | WAS DECEASED EVER I | N U.S. ARME (1F YES, GIVE W | D FORCES? | 166 SOCIAL SE | | 17 INFORMANT | ADDI | RESS | | Laurel, M |
| | Conditions, if ony, gove rise to imm | AS CAUSED B IMMEDIATE C which ediote | Y: CAUSE (a) DUE TO, OR | CARD AS A CONSE | 10 - R | ESPERATOR PNEUMO | NEA- | | APPROX BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| TION | PART 2 OTHER SIGN | ALF | AILUI | NTRIBUTING T | CERE | ARCÍNOMA NOT RELATED TO THE TERM BRO-VILLACIO | lar arcia | NDITION GIVEN | type | releve |
| CERTIFICAT | 19a DATE OF OPERAT | ION | 196. CONDI | TION FOR WHI | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES | | |
| A | 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT | AUSE OF DEATH | 216. TIME OF HOUR A.A P.A | A. MONTH | DAY YEAR | 21¢ HOW INJURY OCCURI | RED (ENTER NATURE OF IN | URY IN ITEM 18 PART | 1 OR PART ?) | |
| MEDIC | 21d. INJURY OCCURR | LE 🗍 | 21e. PLACE C | ET, FACTORY, OFFI | CE, FARM ETC) | 211 LOCATION STREET | CITY OR 1 | OWN | COUNTY | STATE |

DIVISION OF VITAL RECORDS.

DHMH - 16 60M 7/84

(VRA 15, 4)

should be detoched for use os with the Stote Dept. of Health

AAPORTANT: If He

23a. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

22a.1 certify that (1) (this haspital) attended the deceased from

Nov. 19,1985

Ivy Hill Cemetery

DEGREE

Laurel,

MEDICAL

my) (our) opinion death occurred an the date and hour and from the couses stated

STAFF

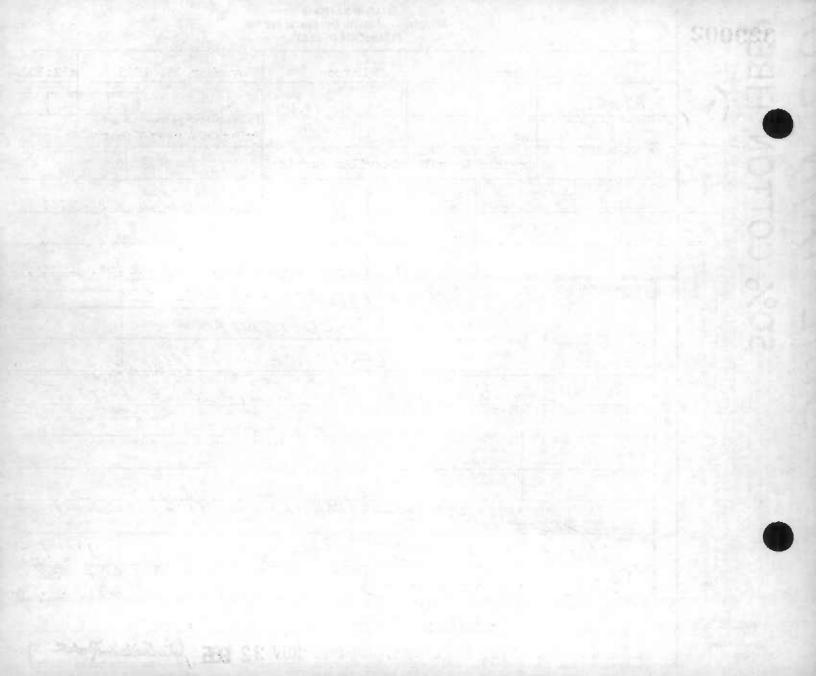
COUNTY

22c. DATE SIGNED

that (I) (we) last

Donaldson Funeral Home, PA Laurel, Maryland

ATTENDING



333010

FOR

Female TO BIRTHPLACE (STATE ORF Washington, O CITY OR TOWN OF DEA Riverdale

JOUAL RESIDENCE (IF NURS

Conditions, if ony, gove rise to imn couse (o), stating underlying couse

- STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

3 SEX

130. STATE Maryland FATHER'S NAME FIRST Lawrence 160 WAS DECEASED EVER AYES, NO OR UNKNOWN) No 18 CAUSE OF DEATH PART I. DEATH W

| | | DEPARTN | ENT OF H | OF MARY EALTH AND ICATE OF | MENTAL HYG | IENE 5 | REG. NO. | 3 | 2 | Ü | 3 1 |
|--|------------------------|---|-------------------|----------------------------|---------------------------|----------------|----------------------------|------------|-------------------|---------|----------------------|
| FIRST | MI | DDLE | t | AST | | 20. DATE OF D | EATH MONTH | DAY | YEAR | 2b HC | OUR |
| Helen | (| C. | Mi | chael | | | Novembe | er 21 | , 19 | 85 | 12:35 a |
| | 4 RACE White | | S. DATE C | DAY | YEAR 1911 | 6. AGE (INYEA | S LAST BIRTHDAY) | MONTHS | ER I YEAR DAYS | IF UNE | DER 24 HRS S MIN. |
| or foreign | U.S.A. | HAT COUNTRY? | MARRIEI WIDOWE | | R MARRIED | | city <u>or</u> cou | | EATH | | MD. |
| DEATH | (IF NOT IN SUCH | OSPITAL, NURSIN FACILITY, GIVE STREET A Memoria | DDRESS) | | ISTITUTION | L | CUPATION DR MOST OF WORKIN | G LIFE) IN | DUSTRY | | loyed |
| URSING HOAE OF 36. COUN Chan | _ | Cobb Isl | 4 | 13d INSIDE | CITY LIMITS? | | DRESS / ZIP O | ODE | | 2062 | |
| | WIDDLE | LAST | | | R'S MAIDEN NA | ME | MIDDLE | | LAS | | |
| | VE WAR OR DATES) | Coste1 66. SOCIAL SECUI 223-14-1 | RITY NO. | 17 INFORA | Julia MANI red W. Y | oung (S | A. ADDRESS 57 | | st I | | e |
| WAS CAUSE | nly one couse per li | | ic · | | -/- | bonetwo | | | | MATE IN | TERVAL |
| ny, which immediate ating the use lost. | (b) | AS A CONSEQUE | nu | effe | - Jul | Puple | Aun | | | | |
| IGNIFICANT (| CONDITIONS <u>CO</u> P | NTRIBUTING TO D | EATH BUT | OT RELATI | ED TO THE TERM | INAL DISEASE (| OR CONDITION | GIVEN IN | PART 1 | 0 | |

PART 2 OTHER SIGN

| 190 DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | OPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | |
|--|--|----------|------------------------|-----------|----------------|--|------|--|
| | | | | YES 🗌 | NO | YES | NO 🗌 | |
| 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH D | DAY YEAR | 21c HOW INJURY OCCURRE | D (ENTERN | ATURE OF INJUR | RY IN ITEM 18 PART I OR PART | 2) | |
| (IF FITHER NOTIFY MEDICAL EXAMINER) | PM | 10 | | | | | | |

21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET

NOT WHAT 22s I certify that (I) (this baspital) attended and that in (my) (our) opinion death occurred on the date and have and from the causes stated

77h SIGNATUR DEGREE

ATTENDING 1 MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Fort Lincoln Cemetery Brentwood P.G. Burial Maryland 11/25/85

FranciseGasch's Sons Funeral Home, P.A.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE - woundar Hartiga

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detoched for use with the State Dept. of Heo

MPORTANT:

4739 Baltimore Avenue Hyattsville, Md. 20781

10.100000

1000

Furth Nov. 11 1985 Pt. Lincoln demetery Brentwood, Maryland
Perli Fineral Nove Bowle, Maryland

The transfer of the second of

| 346005 | 1- | ITEM NUMBER 1 STATE 2-12-85 D. REGISTRAR | 3e, PER. PH. CALL DEPARTM | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 3 2 3 9 2 | | | |
|--|---------------|---|--|--|---|--|--|--|--|
| oy be soage 3 death | | CEASED NAME FIRST OR PRINT) Margare | MARIE | MISTERS S. DATE OF BIRTH | 20. DATE OF DEATH MONTH 20. DATE OF DEATH MONTH 20. DATE OF DEATH MONTH | SS POUR ST | | | |
| ge 4 m ector. p | | FEMALE | CAUC. | AUG 21." 1.913 | 72 YRS | MONTHS DAYS HOURS MIN. | | | |
| heath. Po in 72 hou | 7a Bi | RTHPLACE (STATE OR FOREIGN 7 | U.S.A. | MARRIED X NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| by the furtiled with | 2 | Easion | 1. NAME OF HOSPITAL, NURSIN | HOSPITAL | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE | 12b. KIND OF BUSINESS OR INDUSTRY HOME | | | |
| y filled in should be must be | 130. S M | ARYLAND TALE | | N YES NOX | 130 STREET ADDRESS / ZIP CODE GEN. DELI. 21.6 | 71. | | | |
| ompletel lond 2 s |) | THOMAS H. | | | LY M. KING | LAST | | | |
| be execu | 16a V | VAS DECEASED EVER IN U.S. ARM | | 1.71 OROBBRT B. R | RDPD#SSBOX RIGGS HARTLEY, | DEL. 19953 | | | |
| rtificate physical emoval. | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | | atory Faily | Jr. l | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| ire that the death ce gne the title greading o principal committion, or to buriol, cremation, or try, ar ather traumatic | | Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO | DUE TO, OR AS A CONSEQUE (b) A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONTRIBUTING TO DE | upiratory De | strus Syndron mitis INAL DISEASE OR CONDITION GIV | VEN IN PART 110 | | | |
| hos been si permit. The permit of the perior of the | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | S, WERE FINDINGS USED SYING CAUSES OF DEATH? SO OF | | | |
| SICIAN: The age physicial properties of certificate priol-tronsition of them 18 should be should | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | Y YEAR 19 | RED (ENTER NATURE OF INJURY IN ITEM 18 F | | | | |
| ottendi ottenthis sthe bu h ond M | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC) | CITY OR TOWN | COUNTY STATE | | | |
| ATTENDIN spital or CTOR: Af for use of the elt | | 22a.1 certify that (1) (this haspital) attended the deceased from | | | | | | | |
| ITAL OR. by the hope and detached fore Deptitore It here. | | 22b. SIGNATURE | * | | MEDICAL STAFF DIRECTOR PHYSICIAN | 11/29/PS | | | |
| ro Hospital etained by to TO Funeral should be definith the Stote with the Stote IMPORTANT, | | Littomas Di | irlio, M.D., F. | 1.C.S 404 Mar | vel Ct. Eas | iton, Md | | | |
| Rb F % > Z | | URIAL, CREMATION, REMOVAL | 23b. DATE 23c N | AME OF CEMETERY OR CREMATORY | TILGHMAN TAT | BOT MD. STATE | | | |

DHMH - 16 60M 7/84

(VRA 15, 4)

What waste Market 11-37-35 98 EXEALE CAUC. AUG 21, 1943 92 USLANASS U.S.A. TALLE Ension Manual Inspect Countries House TOUR X MARRIET TOURS OMATYRAN THE MEAN THE STREET NO 2- 1 ---- 1220-26-17108-3881 H. R1903 HARELST, DEL. 10055 Age of the second party

TOLLIAM TREATH REALIEVED ON THE STATE OF THE

within 24 hours ofter

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

| REG. NO | |
|---------|--|
|---------|--|

| | | | | | | | KEG. NO | J. | | | | |
|---|---------|--|---|-----------------|---------------|--------------------|---|--------------|--|---|---------|----------|
| | | CEASED NAME FIRST | WIDDLE | | LAST | | 20. DATE OF DEATH | MONTH | DAY YEAR | 2 b | HOUR | ? |
| 1 | 1 | Ralı | h Virgilio | Mo1a | | | Novembe | 1985 | 985 2:2 | | | |
| | 3, SEX | | 4 RACE | 5. DATE O | | | 6 AGE (IN YEARS LAST BIRT | | IF UNDER 1 YE | | UNDER 2 | |
| | 1 | Male | caucasian | 8 | 30 | 1917 | 68 | YRS | MONTHS DA | 15 HC | DURS | MIN. |
| И | 7a BII | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 AA A DD IE | D NEVER / | AARRIED T | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | | | |
| 7 | C | uba | USA | WIDOW | ED DI | VORCED [| Prince Geor | | | | | MD. |
| 1 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET | | OR OTHER INS | TITUTION | 12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF | E MOBKING F | 12b. KINI IFE) JNDUSTI | OF BURY | | |
| | | aurel | Greater Laurel | | ville H | ospital | Ret. Musi | clan | r rocs | 11 | 161 | |
| 2 | 13a. S | AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR P.G | | | 13d INSIDE C | ITY LIMITS? | 15640 Mil | ZIP COD | ok Lr | 1. | 207 | 707 |
| | 14 FA | THER'S NAME | MIDDLE LAST | | | MAIDEN NAM | | | | LAST | | |
| | | Federico | Mola | E | A | dolfin | a | | | Un | kov | m |
| | | VAS DECEASED EVER IN U.S. AR | /E WAD OR DATEST | | 17 INFORMA | NT | ADDRE | | | | | |
| | ,,, | no | \$\phi68-24-' | 7678 | Dr. M | argare | t Mola s | ame | as 13 | 3e | | |
| | | 18 CAUSE OF DEATH (Enter or | nly ane cause per line far (a), (b), an | d ici. | | | | | BETWE | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | | PART I. DEATH WAS CAUSE | TE CAUSE (a) Metasta | tic l | vain | Carci. | urua | | | | | |
| | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | 150 | Conditions, if any, which | | | | | | | | | | |
| gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | SEA. | | | | | |
| | | underlying cause last. | (c) | LINCE OF | | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra | | | | | | | | | | |
| Ŧ | ON | Respirate | y faillen | - | | | | | | | | |
| 7 | CAT | Respiratory facilian 190 DATE OF OPERATION 190 CONDITION FOR WHICE 210 ACCIDENT WAS UNDERLYING 216, TIME OF INJURY | | | N WAS PERFO | RMED | 200 AUTOPSY? | | WERE FINDINGS USED ING CAUSES OF DEATH? | | | |
| 7 | TIFIC | | | | | | YES NOT | | ES T | | NO [| |
| 7 | GR | 210 ACCIDENT WAS UNDERLYING | | | 21c HOW IN | JURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM IB | PART I OR PART | 2) | | |
| 7 | | OR CONTRIBUTING CAUSE OF DE. | | AY YEAR | | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATIO | N | CITY OR TO | | COUNTY | | | TATE |
| | 8 | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE, I | ARM ETC) | STREET | | CITY ON TO | W17 | COUNTY | | 51 | ATE |
| | | | tal) attended the deceated from_ | 11- | 5- | 19.85 | , to 11-2 | 7 - | 19 85 | _ that | KIW | (e) last |
| | | saw the deceased alive on abave, (1) we) (did) (did no | | ? 5 | nd that in my | (aur) apinian d | leath accurred on the do | ite and ha | | | | |
| | | 22b SIGNATURE | it) view the bady a rev death. | | DEGREE | | | | 22c. DA | TE SIG | NED | |
| | | TE | alles fred / | , | nh ' | TTENDING PHYSICIAN | MEDICAL STAF | F | 11- | 27 | 7-8 | 1 |
| | | 22d. PHYSICIAN'S NAME (TYPE C | | , | 22e ADDRES | S | | - 1 | h | 0 | 7 | 110 |
| | | 6.A. DE LA | TORRE, MD. | | 320 | Moret | Somery S | 1. | +au | el | 1 | 13- |
| | 23a B | URIAL, CREMATION, REMOVAL | | NAME OF C | EMETERY OR | CREMATORY | 23d. LOCATION | | | -2 | 4 1 | 01. |
| | | SPECIFY) Burial | | | f Heav | | Silver S | prin | ngMon | t. | Me | đ. |
| | 24 FU | INERAL DIRECTOR | | | | | | | 1 4 | . 44 | 300 | |
| | | ZECK F.H TNC | ADDRESS | 1 | 2 2 7 | 17 UE | REC'D. BY REGISTRAR | 1 | N. Y | Ed Same | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

F.H INC.

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL

BP

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the should be detached for use as the buriol-transit permit. Then please remave corbonpape with the State Dept, of Heolth and Mental Hygiene prior to buriol, cremotion, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| G | NO | | |
|---|----|--|--|

| | REGISTRAR | | CENTII | ICAIL OI DLA | | REG. N | 0. | | |
|----|--|---|---|-------------------------------|----------|---------------------------------|---|--------------|--------------|
| | 1 DECEASED NAME FIRST | WIDDLE | L | AST | | 2a. DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| 0 | RUTH | AMANDA | MONTG | | | NOVEMBER 5 | 198 | | 7:20A |
| | 3. SEX | 4 RACE | 5. DATE C | | YEAR | 6 AGE (IN YEARS LAST BIR | THDAY) IF | UNDER I YEAR | HOURS MIN. |
| 1 | Female | White | June | | 28 | 57 | YRS | | |
| 1 | 170 BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTE | RY? 8 | NEVER MAR | RIED 🗆 | 9 BALTIMORE CITY O | | | |
| 2 | Virginia | U.S.A. | WIDOWE | D DIVOR | CED 🗌 | Prince | | | M |
| 6 | III CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR | | R OTHER INSTITU | TION | 12a USUAL OCCUPATI | | RATER | FEY SINEASTO |
| 2 | Lanham | Doctors' Hosp | | f Pr. Geo | . Co | Secretary | | Brake | S |
| 5 | IST AL RESIDENCE (IF NURSING HOME O IST ATE 136 COU! Maryland P. G. | NTY 13c. CITY OR TO | OWN | 130 INSIDECITY I | LIMITS? | 13e.STREET ADDRESS / 9609 Woodb | | treet | 20706 |
| / | UNFATHER'S NAME | MIDDLE LAST | | 15 MOTHER'S MA | | AE MIDDLE | | LAS | |
| 1 | James | B. Thom | pson | Nao | | C. | | Man | |
| 1 | 160 WAS DECEASED EVER IN U.S. AF | | | 17 INFORMANT | | ADDRE | | | |
| | (YES NO OR UNKNOWN) (IF YES, GI | 229-36 | 5-0023 | Richard | W. Mc | ontgomery (| Husband | 1)Same | as #13 |
| | Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSEC (c) | OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I | | | | 200 AUTOPSY? 200 AUTOPSY? 200 IF YES, WERE FINING CAU | | |
| 4. | III III | | | 101 1101111111 | | YES NO XX | 1 | | NO 🗌 |
| 1 | OP CONTRIBUTING CAUSE OF DE SITE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY WEILE AT WORK AT WORK AT WORK | | 19 | 211 LOCATION STREET | YOCCURR | ED (ENTER NATURE OF INJUIL | | COUNTY | STATE |
| / | 22a. I certify that (I) (Her heep saw the deceased alive an | O The body after death. | , an | d that in (my) (aur DEGREE | | MEDICAL STAF DIRECTOR PHYSICAN | F IAN [] | 27t DATE: | |
| | 230. BURIAL, CREMATION, REMOVAL | | NAME OF C | EMETERY OR CREA | MATORY | 23d LOCATION | 4 1 | COUNTY | 57.475 |
| | Burial | | | er Cemete | ery | Round Hil | | | irginia |
| | 24 FUFTEANCES Gasch's | Sons Funeral | Home, P | .A. | 25a DATE | REC'D. BY REGISTRAR | | | |
| | | Avenue Hyattsv: | | | | NOV 1 2 19 | 35 | a de idos | n-fronds |
| | | | | | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

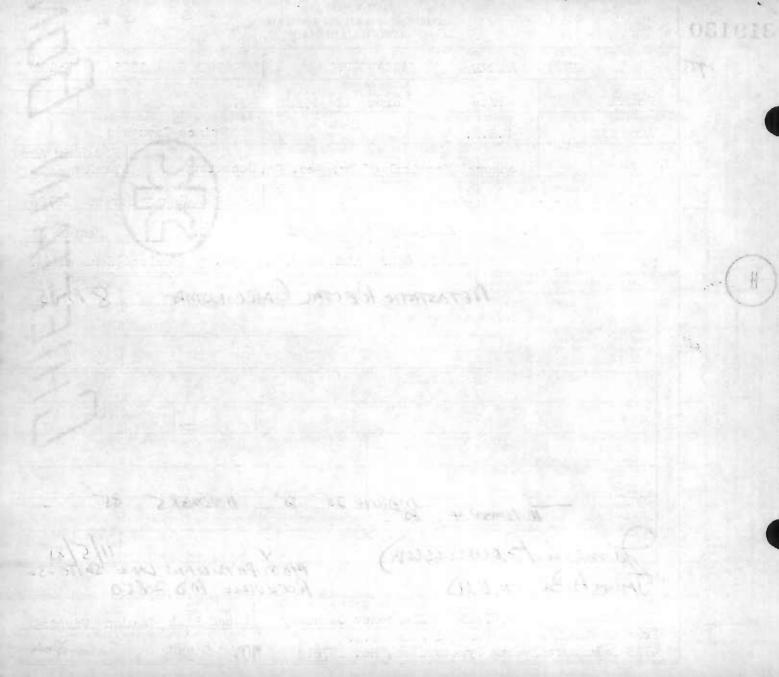
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

PMD 100

Exami

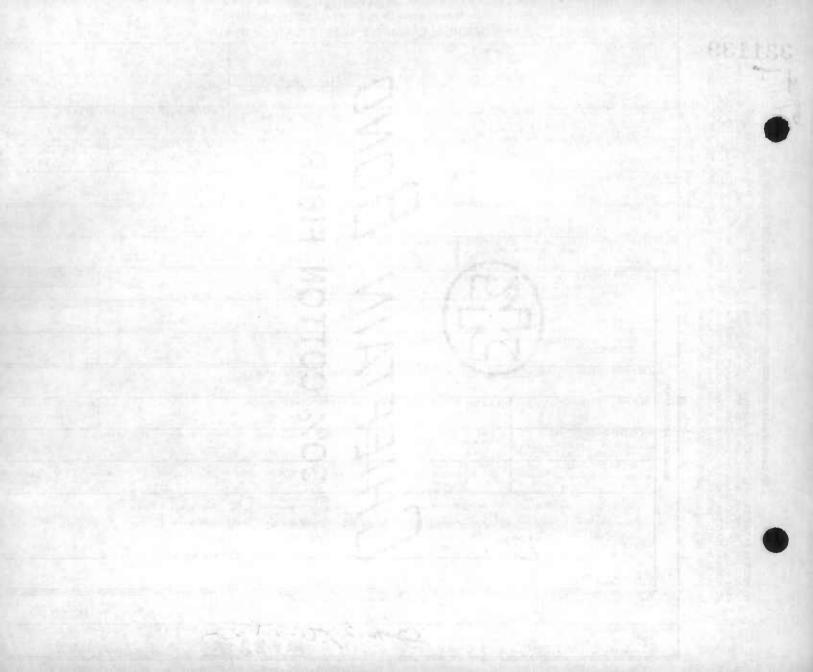
by Medical

Released



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X 1. DECEASED NAME (TYPE OR PRINT) OF ESTI- A Consuella 6/19 85 Moore 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED Α July 25 1953 YES DEAD Female Black 19 85 11/6/ 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Prince Georges County, USA WIDOWED DIVORCED Tenn CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Prince George's General Hospital Cheverly Secretary -Fed. Gov't SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Temple Hills YES NO I 3200 Curtis Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Fate Fletcher Mable M. Alexander 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO YES, NO, OR UNKNOWN) Artis C. Moore-Husband 54 3450 285 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: ITELS THE WORLD IN THE CHIEF E FORWARDED TO THE CHIEF TO R, PAGE 3 SHOULD BE USE HITHESTATE DEPARTMENT OF HITHESTATE DEPARTMENT OF THE STATE DEP 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 1:15AM 11/6/19 85 driver of auto hit median strip 218 PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND 2120 St. Barnabas Rd. Temple Hills, Pr. Geo., roadway Autapsy X 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Accident death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER 11/6/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Jefferson Memorial Cemetery Burial Dayton, Ohio 07/84 DALES -C D. BY ROUSTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Stewart Funeral Home-4001 Benning Road NE (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND 31107 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE OF DEATH MONTH MIDDLE 2h HOUR CROWDER 2 - 1985C. MOORE 4:50p.m. 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS 17 1935 Male Black May 50 To BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wash. D. C. USA PRINCE GEORGES COUNTY WIDOWED [7] DIVORCED [10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CLINTON MARYLAND HOSP, CTR. Gardner Unknown SUAL . JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Oxon Hill 13e.STREET ADDRESS / ZIP CODE 1410 Colony Rd 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Taylor Willie Victoria Moore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 579-42-4344 Mrs. Nettie Moore/wife/same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENC underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CATION 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [CERT 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from , and that in (my) (our) opinion death occurred at the date and hour and from the causes stated sow The deceased alive an 276 SIGNAPURE DEGREE 22r. DATE SIGNED MEDICAL ATTENDING" STAFF PHYSICIAN DIRECTOR | PHYSICIAN

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR John T. Rhines Co.,3015 12th St.

(SPECIFY)Burial

230 BURIAL, CREMATION, REMOVAL

11-6-85

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY

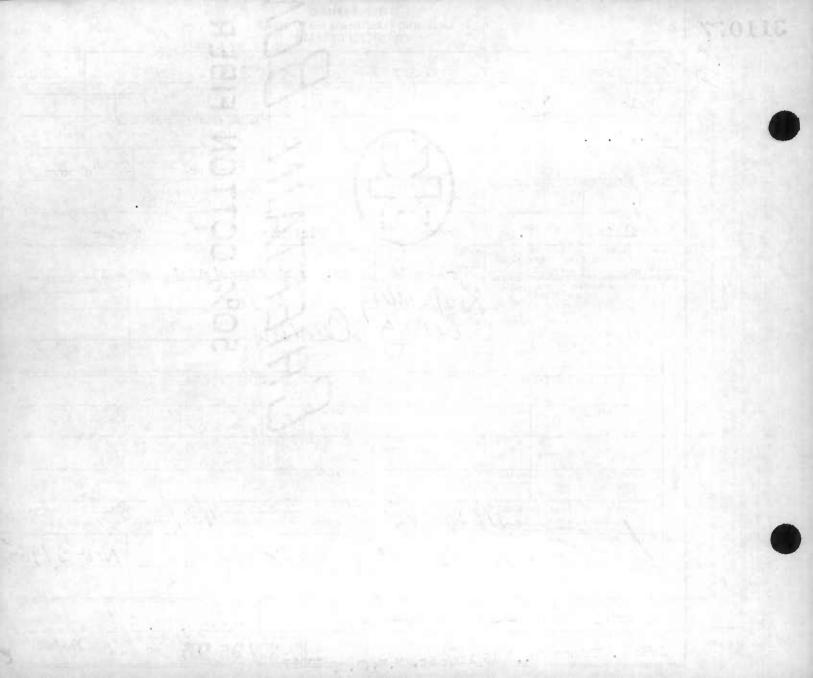
22e ADDRESS

23d LOCATION CITY OR TOWN

COUNTY STATE

Resurrection

Clinton. Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



| | 1 | UNK.#85-90 | | | FMARYLAND | | |
|--|---------------|--|---------------------------------------|------------------------|--------------------------------|-----------------------------------|---|
| 333155 | 1- | FOR UNK.#85-90 STATE | | | LTH AND MENTAL H | | 5 2 3 9 1 |
| 202720 | | REGISTRAR | MEDICAL | EXAMINER' | S CERTIFICATE C | OF DEATH REG. | NO. |
| | | CEASED NAME FIRST | MIDDLE | | LAST | 20. DATE KNOWN | MONTH DAY YEAR 26 HOUR |
| 210 80000 | (11) | Lamont 7 | | | Moore | OF ESTI- DEATH MATED | XX 11-17 19 85 |
| 것은필요함 | 3. SEX | | ATE OF BIRTH | 6 AGE (IN YEARS I | UNDER 1 YR. IF UNDER | | MONTH DAY YEAR 24 HOUR |
| - HE HE HE | A | NIF RI WOOK "9 | NTH DAY YEAR | LAST BIRTHDAY) N | ONTHS DAYS HOURS | MIN PRONOUNCED | 2 20 |
| 80000 | 14 | HT DE IEN 1 | 0-11-61 | 2 YRS. | | DEAD | 11-10 19 05 D. W |
| SEREE 7 | 7 k Bi | RTHPLACE (STATE OR TO, CO | ITIZEN OF WHAT COUN | ITRY? 8 M. | ARRIED NEVER MARR | IED S 9. BALTIMORE CITY | Y OR COUNTY OF DEATH |
| 東京氏主 | 11 | VOIBNA | USA | WIE | OWED DIVORC | ED Prince G | eorge's County, MD. |
| 2 H W B - 0/ | 18. CI | TY OR TOWN OF DEATH | IAME OF HOSPITAL, NU | RSING HOME, OR | OTHER INSTITUTION | 120. USUAL OCCUPATION | TYPE OF WORK 126 KIND OF BUSINESS |
| A 中 A 田 多 | 0 | napel Oaks / re | ar of - 150 | Marh lor | ood Drive | FOR MOST OF WORKING LIFE) | RESTURBANT |
| BL SHA | | L RESIDENCE (IF IN NURSING HOME OR OTHE | | | OOG DITAE | COOK | KESTURANT |
| R 29258 2 | 130 S | TATE 136 COUNTY | 13€ CITY | ORTOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | 01960000 |
| # <5 g G B | 41 | VUIANAIMAKI | ON INC | IANAPOL | S YES X NO | 5070 ROSE. | LAWN 9//// |
| 13 18 30 | JK EA | THER'S NAME | N.F. | 1AST - | 15. MOTHER'S MAID | EN NAME | LAST |
| (m 2 m 2 2 7 / | 0 | LLIE | MO | ORE | DARO | TIIK | RAKER |
| 0 99 30 T | | VAS DECEASED EVER IN U.S. ARMED F | | CIAL SECURITY NO | 17. INFORMANT | ADDRE | STNDIA LIBRIUS WID |
| 100000 | (Y | ES, NO. OR UNKNOWN) (IF YES, GIVE WAR OF | DATES) 30 | 7711121 | COARATH | 0 | MAN ALLA GIOLI |
| ₹ % SET | | NO | | 1 / 413] | SUOKOTH | X WOOKE 20 | |
| 51 DUR. 18. W | | CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| AL ERA EN | | IMMEDIATE CA | JSE (a) Gunsho | t Wound o | of Head | (unspecified) | |
| W. PRESTON VITHIN 24 I FENCIL IN ITE RAINER ALD TRANSIT PER INTAL HYGIE OR REMOVA | | | DUE TO, OR AS A CON | NSEQUENCE OF | | | |
| THIN CIL IN ANSIT AL HY REMO | | Conditions, if any, which gove rise to immediate | (h.) | | | | |
| NIA | | couse (a) stating the under- | (b) DUE TO, OR AS A CON | NSEQUENCE OF | | | |
| TED W. N PEN WANTED W. N. OR. N. OR. | - | lying cause last. | | | | | |
| BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "PENDING" IN PENCIL IN 1FEA 18 ROBED TO THE CHIEF MEDICAL EXAMINER ALONG VES ANOULD BE USED AS A BURAL. TRANSIT PERMIT OF LEALTH AND MENTAL HYGIENE, TO EPPARTMENT OF HALLH AND MENTAL HYGIENE, TO I PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | BARY S GYULO CICHURUS ANY CONOUNCING CONTROL | (c) | | | | |
| MA WAS WAY | 7 | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI | BUTING TO DEATH BUT NOT RELA | ITED TO THE TERMINAL O | SEASE OR CONDITION GIVEN IN PA | IRT 1 (a) | |
| L RECOR | CERTIFICATION | | | | | | |
| ON OF VITAL R FICATE SHOULD TO THE CHIEF / TO THE CHIEF / RATMOLD BE USED OR JOB BURIAL, | 3 | 196. DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED? | | 20 AUTOPSY? |
| F 58559 | E | | STATE OF THE | | | | YES X NO [|
| A PAR SE | H | 710 EXTERNAL CAUSE WAS | 216 TIME OF INJURY HOUR A.M. MONTH | est. 21 | . HOW INJURY OCCURRE | D LENTER NATURE OF INJURY IN ITEM | |
| ON THE CALL ON THE CALL OF THE | | UNDERLYING TOR | 1 2 11 | | aubicat was | chot | |
| CERTIFING TING 3 SHO | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY | | subject was | SHOC | |
| DIVIS IIS CER VRITIN ARDED ARDED GE 3 S GE 3 S CITE DEF | WE | WHILE TO NOT WHILE VV | STREET, FACTORY, FARM, E | | STREET | CITY OR TOWN | COUNTY STATE |
| MAR VAR | | AT WORK AT WORK | found in w | roods 1 | cear of 1506 | Marblewood Dr | .,Chapel Oaks, |
| ш г. г. | | 22a 1 contily that I took charge of ti | ne remains described abo | ive, held an A | stapsy XX Inspectio | n Inquiry P | rince George's Co., |
| EXAMINER: CERTIFICATION OF PROPERTY OF THE CTORY (, WITH THE THE MARYLAND | | death resulted form Natural cas | | . Suicide | Hamicide X | Undetermined manner | Md. |
| REG O B | | 10- | XY/ | Tan | TITLE (SPECIFY) | Ordetermined mornier | |
| MAN WAY | | ACTUAL / CELLLIA | Dun | Jh 14 | W Assistant | - | DATE 11-19-85 |
| ZEE ZEE Z | | SIGNATURE | 100 | 11.11 | MD ASSISTALL | MEDICAL EXAMINER | SIGNED 11-19-05 |
| WO S DE CAR | - | EXAMINER'S NAME Dennis | F. Smyth | M.D. | 111 | Penn St., Bal | to., Md. 21201 |
| TO MEDICAL EXAMINATION OF THE CERTIFICATION OF THE CARTING A THE CARTING A THE CARTING OF THE CA | | | | | ADDRESS | | CO., FRG. 21201 |
| C/1/1802-48 | 23a.B | JRIAL, CREMATION, REMOVAL 236. DA | TE 23c, | NAME OF CEMETER | Y OR CREMATORY | 23d. LOCATION | COUNTY STATE |
| 1 67/84 BP | | CREMATION //- | 71-82 T | EELK | EMATORY | WMSH1 | NG TON, LOC. |
| 25M DHMH - 17 | 24 F | INERAL DIRECTOR | - 4000 | | | REC'D. BY REGISTRAR 256 RE | GISTRAR'S SIGNATURE |
| (VR A15 ME (5)) | 7 | KAZIERS 3 | 89 13.1. 9 | a NW.W | DCH DC NOV | 26 1985 | Davidan Dane |
| | - | | | | 11-17-1 | - 1000 | |

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Massington, 2.0. T.C.A.

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town of Trings George, t. and to ton 531 look Orenk Dr.

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Story As a second of the second

57 -01-2780 Coreix 11210 st. Mashin ton, 14.

property and the south of the state of the s

12/3/55 st. Jury's deretery warring tun, D. C.

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, Md.

11-12-85

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

Cedar Hill Cemetery Suitland, P.G., Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE a living down pandales

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

Smith

COUNTY

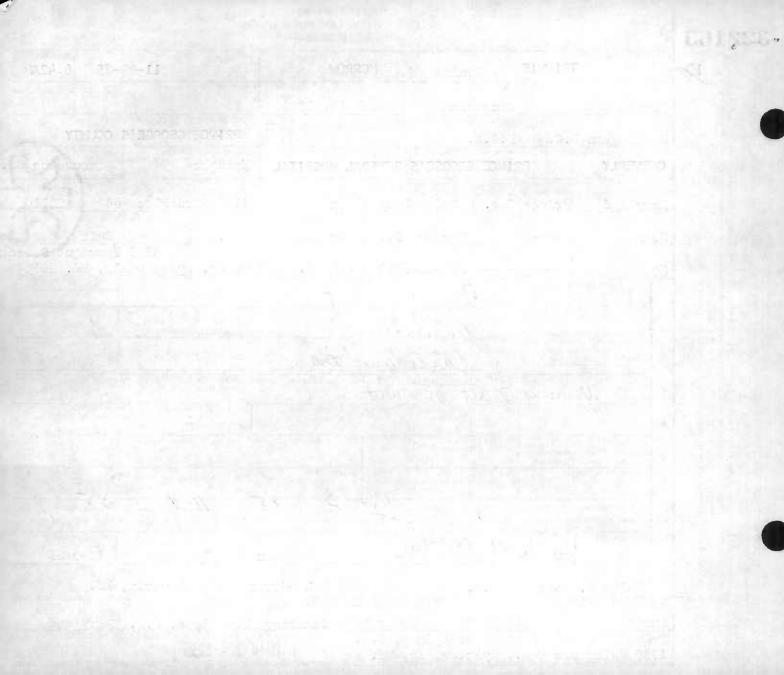
22c. DATE SIGNED

11-9-85

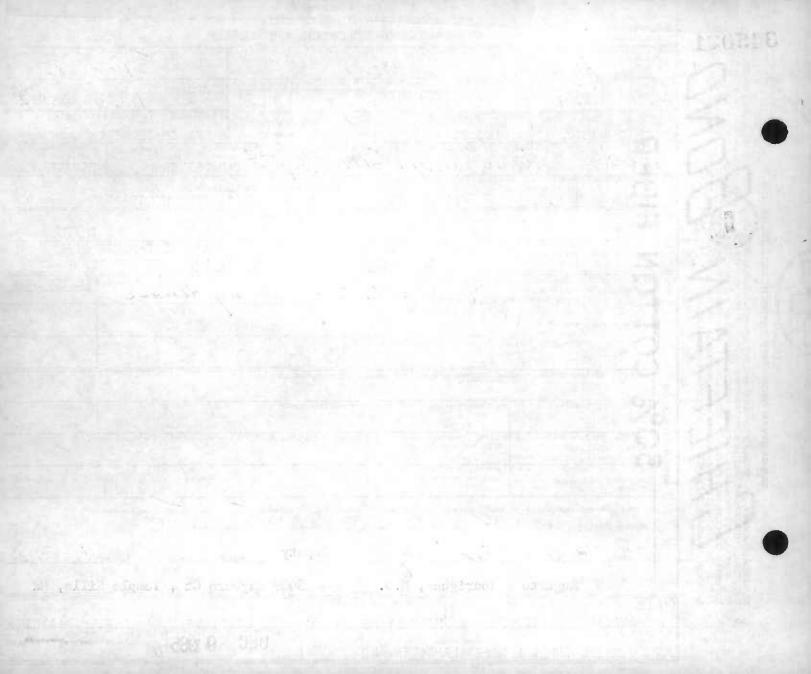
Insurance Co.

20710

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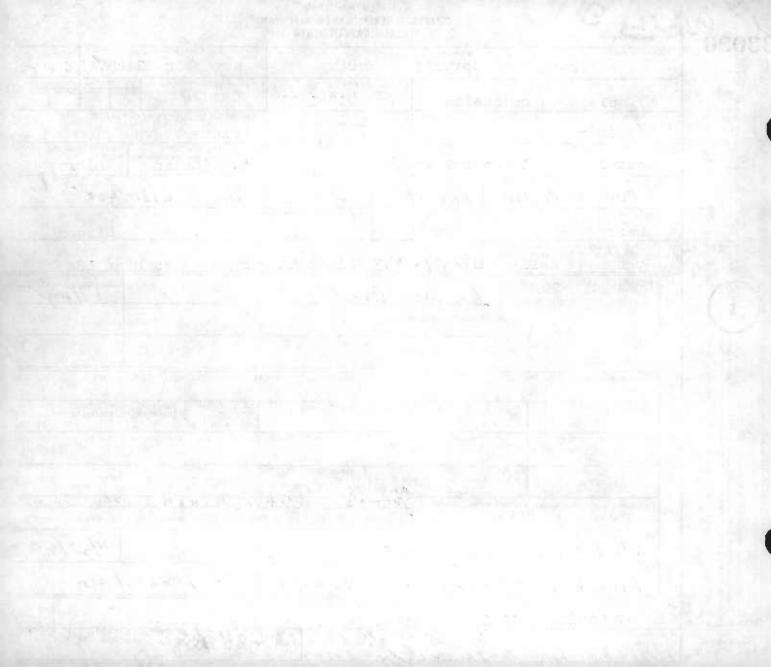


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 345021 REGISTRAR REG NO I DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 3. SEX IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED 1943 DEAD FEB. 42 YRS 76 CITIZEN OF WHAT COUNTRY? A RIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! NORTH CAROLINA U.S.A. DIVORCED WIDOWED PRINCE GEORGES TO NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY CHEVERLY CAB DRIVER PRIVATE UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND LANDOVER 2414 FIRE HOUSE ROAD P.G. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LUTHER MOSES PECOLIA SMITH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 2414 FTRES HOUSE ROAD (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 240-60-5353 MOSES, LANDOVER, MARYLAND NO MARGARET 18 CAUSE OF DEATH (Enter only one couse per ling for (b), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY uninery desease nome Commelene DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. E USED AS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER. THIS CER.
(CATE, WRITING THE,
E. FORWARDED TO THE CER.
TR. PAGE 3 SHOULD BE USED
ARE DEPARTMENT OF P.
PROPERTY OF BURIAN YES [NO 4 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PV AFTER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P Rodriguez. M.D. ADDRESS 5009 Rayburn Ct . Temple Hills. Md (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 07/B4 BP BURIAL HARMONY MEM. PARK LANDOVER -G MARYLAND 24. FUNERAL DIRECTOR 250. DATE REC'D. BY R 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) J.B. JENKINS FUNERAL HOME, LANDOVER, MD.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HY - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 324048 20 DATE KNOWN DECEASED NAME LTYPE OR PRINTS ESTI-DEATH MATED Robert. 1619 85 4. RACE IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED DEAD Nov. 28.1954 16 19 85 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! N.C. WIDOWED [DIVORCED Prince George's County ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 112h KIND OF BUSINESS OR INDUSTRY Prince George's General Hospital Cheverly Truck Driver SUAL RESIDENCE (IF IN NILL SOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS YES Virvinia Vienna NO T 811 Westchester Drive 22180 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert K. Murph Latha Gannaway 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) Hartsell Funeral Home Concord. N.C. 703-56-1292 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Cranio cerebral trauma IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 1 NO | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOURSAM. MONTH DAY YEAR UNDERLYING XXOR 1: 42 P.M. CONTRIBUTING CAUSE OF DEATH 1619 85 Tractor-trailer driver in collision with auto 21e PLACE OF INJURY (AT HOME. II. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.I. WHILE NOT WHILE 95 north of Rt. 395, OxonHill, P.GCO. road 220. I certify that I took charge of the remains described above, held an and in my opinion Undetermined manner death resulted from: Hamicide TITLE (SPECIFY) ACTUAL Acting Chiefedical EXAMINER 11/17/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 238 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STATE Burial Nov. 20.1985 Oak Grove Methodist St. Concord N 250 DATE REC'D, BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Theonard J. Ruck Inc. Baltimore, Maryland (VR A15 ME (5))

a consider and adversarior determination and again,



MARYLAND 21201

BALTIMORE,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CERTIFI | CATEUF | DEATH | RE | G. NO. | | | | |
|-----|-----------------------|--|--|---|---|----------------------------|------------|------------------------------|---|-----------|----------|----------------------|---------------|------|
| | | CEASED NAME ORPRINT) | JOSEPH | | AIDDLE | MURR | AY | | 20. DATE OF DEA | TH MONTH | 04 | VEAR 85 | 26 HOU 5PM | |
| | 3 SEX | MALE | | BLAC | | 5. DATE O MONTH | | 1934 | 6. AGE (IN YEARS L | l YR | MON1H | | IF UNDER | MIN. |
| 200 | C | RTHPLACE (STATE OR OUNTRY) ruland | FOREIGN 7 | U. S. | | RY? 8 MARRIED WIDOWE | | MARRIED I | 9. BALTIMORE C | E GEORG | | | TY | MD. |
| l | 10 CI | TY OR TOWN OF DEA | ATH 1 | | HOSPITAL, NUE | RSING HOME O | ROTHER INS | TITUTION | 12a USUAL OCCI (TYPE OF WORK FOR I COOK | | | b. KIND C IDUSTRY | F BUSINE | |
| - | 13a. S Ma1 | AL RESIDENCE (IF NUR TATE Cyland | NING HOME OR C | THER INSTITUTION | GIVE RESIDENCE BE 13c CITY OR T Balti | OWN | YES 🛣 | CITY LIMITS? | 13e STREET ADDR | | | 21 | 120 | 37 |
| 2 | Ber | THER'S NAME FIRST | Jan | nes | McDon | ell | Elean | 'S MAIDEN NA/ FIRST OT | MIC | | Mu | ırray | | |
|) | | AS DECEASED EVER | | MED FORCES? | 166 SOCIALS | 8-2527 | 17 INFORM | | 4401 N | ADDRESS | | | | |
| | ATION | Conditions, if any gove rise to imicause in instantium derlying cause PART 2 OTHER SIGI FUND 19th DATE OF OPERA | mediote ng the last NIFICANT CO | DUE TO, OI (b) DUE TO, OF (c) DINDITIONS CO | R AS A CONSE ALCO ONTRIBUTING | ouence of hol A | o ol | D TO THE TERM | spertense inal disease or monary | CONDITION | | close | ó | D |
| 1 | MEDICAL CERTIFICATION | 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 210. INJURY OCCUR WHILE NOT WAT WORK | CAUSE OF DEAT | P., 21e PLACE | M. MONTH | DAY YEAR 19 | 21c. HOW I | ION | YES NO | X | | | NO [| |
| | | 220. I certify that (II sow the decease obove, (I) (and to be compared to be comp | (this hospite ed olive on _ did) (did not) | view the body | 11.3. | 9 <u>85</u> . on | DEGREE | ATTENDING PHYSICIAN | . 10 death accurred an MEDICAL DIRECTOR P | STAFF | hour and | 22c. DATE | SIGNED | oted |
| | | URIAL, CREMATION, | removal ial | 23b. DATE 11-11 | | NAME OF CI Thite Ch | | | 23d LOCATION | | Pe | ennsy | lvan | iia |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physics should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

Item 18 sho

MPORTANT: If Item 21 is morked or

24 FUNERAL DIRECTOR

Bailey-Douglass Funeral Home 1348 N. Calhoun St. NOV 13 1985

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | | | |
|---|------|---|-----|
| | DEAT | H | DEC |
| | | | |

| | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | | REG. NO. | | | | |
|--------------------------------|-----------------------------------|-----------------------------|------------------|-----------------------|--------------|----------------|-------------------------------|---------------------|----------------------|----------------|------------|------------|---------------|
| | CEASED NAME | FIRST | 1 | MIDDLE | · | .AST | | 20. DATE OF D | EATH MONTH | / DAY | YEAR | 2h HOU | IR |
| 1 | OKPKINT) | Harve | v | Allen | Navl | lor. Sr | , | | 111 | 14 | 85 | 11:2 | 5AM |
| 3 SE | Х | | I. RACE | | 5. DATE C | OF BIRTH | | 6. AGE IN YEAR | S LAST BIRTHDAY | | RIYEAR | IF UNDER | |
| | Male | | White | | 10 | 10 | 1912 | 72 | V | RS. | DAYS | HOURS | MIN. |
| | IRTHPLACE (STATE OR | FOREIGN 7 | | WHAT COUNTRY? | 8 | | | 9 BALTIMORE | CITY OR COU | | ATH | | |
| | Maryland | | U.S | Δ. | WIDOWE | D A NEVER | MARRIED U | Data | ce Geor | ceo e | | | 445 |
| 10. C | ITY OR TOWN OF DEA | ATH 1 | 1. NAME OF | HOSPITAL, NURSI | NG HOME C | | WORKER | 120 USUAL OC | CUPATION | 12b. | | F BUSINE | MD. ESS OR |
| | Clinton | | | m Maryl | | eni tal | Center | | Carrie | | USTRY | ost | 044 |
| USU | AL RESIDENCE (IF NUR | SING HOME OR C | THER INSTITUTION | GIVE RESIDENCE BEFOR | E ADMISSION) | | | | | | D. I | UBU | OII. |
| | Maryland | Pr. | Geo. | Camp Sp | | 13d INSIDE (| NO [] | 13e STREET AD | laylor M | | Ave. | 20 | 748 |
| | ATHER'S NAME | | | Comp Dp | | 40-3 | S MAIDEN NAM | | . 4, 101 1 | icaroz | WACO | 20 | 7740 |
| | FIRST | | S. | Navlor | | | FIRST | | WIDDLE | | llen | | |
| 16a \ | Harvey WAS DECEASED EVER | | | 166 SOCIAL SECT | | 17 INFORM | Inez | | ADDRESS | A | Tien | | - |
| - (| YES, NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 577-26- | 281.1. | Helen | E. Nay | lor | as in i | tem 1 | 3 | | |
| - | 18 CAUSE OF DEAT | H (Enter only | ane coure per | | | | | | | | | MATE INTER | RVAL |
| | PART I. DEATH W | /AS CALISED | BV | | | IN H SO | RY AN | RREST | | | SET WEEN C | NSET AND | DEATH |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| | Canditions, if any | which | DUE TO, O | | | OCARI | STAL : | INGA | RETIA | N | | | |
| | gave rise to imp | mediate | (6) | | | | | | | | | | |
| L) E | underlying couse | | DUE TO, OI | r as a conseou | ENCE OF | | | | | | | | |
| | PART 2 OTHER SIGN | NIFICANT CO | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATE | O TO THE TERMI | INAL DISEASE C | OR CONDITION | GIVEN IN I | PART 10 | | |
| No. | | | GENIC | | | | | | | | | | |
| A | 190 DATE OF OPERA | TION | 196 COND | TION FOR WHICH | | N WAS PERF | DRMED | 200 AUTOPS | | F YES, WERE | | | |
| CERTIFICATION | | | | | | | | YES N | VOID INC. | RTIFYING (| LAUSES | NO [| |
| l H | 210. ACCIDENT WAS UN | | 216. TIME O | | AY YEAR | 21c HOW I | NJURY OCCURR | ED (ENTERNATUR | RE OF INJURY IN ITEM | A 18 PART I OR | PART 2) | | |
| ĕ | OR CONTRIBUTING | | P. | | 19 | 9.5 | | | | | | | |
| MEDICAL | 21d INJURY OCCUR | RED | 21e. PLACE | OF INJURY | FARM STC) | 21f LOCATI | | | CITY OR TOWN | co | UNTY | 5 | TATE |
| 2 | AT WORK AT WO | HILE | (A) NOME 318 | eer, ractori, orrice, | rakm erc j | | | , | | | | | |
| | 220.1 certify that (1) | (this hospite | al) attended th | e deceased from | 11 | 14 | 1985- | , to | 1114 | 19 4 | (-, 1 | hat (I) to | me) lost |
| | saw the deceas above, (I) (we) | ed alive an _did (did not | view the body | atter death. | , 01 | nd that in (my |) (our) o pinian d | death accurred a | on the date and | hour and f | om the c | auses sta | oted |
| | 22b. SIGNATUR | 14 | | | | DEGREE | A 775 LD 11 LD | | | 22 | c DATE S | SIGNED | , |
| | (> | XII | NOW | W | | | PHYSICIAN X | MEDICAL DIRECTOR | STAFF PHYSICIAN [| 1 | 1130 | 518 | 5 |
| | 22d. PHYSICIAN'S N. | AME (TYPE OR | PRINT) | | 190 | 22e ADDRE | SS | | | | | | |
| | Gurbux | H. N | achnan | mp, | | 18921 | was | dyard | Rd C | Linton | 20 | 501 | 0135 |
| | BURIAL, CREMATION, | REMOVAL | 23b. DATE | | | EMETERY OR | | 238 LOCATE | | COUN | IY | 5 | STATE |
| | Burial | | 11-16 | -85 | Cedar | Hill C | emetery | Suit | land | P.G | • | Mo | |
| 18 | UNERAL DIRECTOR | | | ADDRESS | 207 | | LNOV | REC'D. BY REC | SISTRAR 200. PE | GISTRAR'S | SIGNATI | JRE | _ |
| G. | P. Kalas F | г.н. 6 | 160 0xo | n Hill R | d. Oxe | n Hill | Md NUV | 198 | DA | 140 | | | |

TO HOSPITAL OR ATTEN

retained by the haspital

TO FUNERAL DIRECTOR:
should be detached drot with the State Dept. of He

IMPORTANT: If Item 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

DHMH - 16 60M 7/B4 (VRA 15, 4)

Harvey Allen Maylor, Sr. rince Coories 2 Clinton Cuthern brains described continue . . . est ff. Maryland Pr. Geo. Come mings x 6911 Caylor Manor Pun. 20748 Harvey S. Haylor Inca Fr-96-20 elen . Rylor as in item 13

unil 1-16-6 continue time G.E. Falos E.M. Dieo cron Hill Ro. Cron Fill, C.

BEST ON APAID BY THE RESERVE TO SERVE

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CEKTIF | ICATE OF DEATH | REG. NO | 0. | | | |
|--|--|--------------------|--------------------------------------|---|---------------|----------------------------|--------------|-----------------------|
| DECEASED NAME FIRST | WIDDIE | | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b. HO | UR |
| Lilly | , A | | Negard | D. C. C. | 11 | 15 85 | 8:0 | O Au |
| SEX | 4 RACE | 5 DATE C | | 6. AGE (IN YEARS LAST BIR | THDAY) | IF UNDER 1 YE | | R 24 HRS |
| Female | Caucasian | Dec. | 20 DAY 1894 | 90 | YRS | MONTHS DAT | +S HOURS | MIN. |
| a. BIRTHPLACE (STATE OF FOREIGN | 16 CITIZEN OF WHAT COUN | TRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | | |
| Wisconsin | U.S.A. | WIDOWE | | Prince G | eorge | 1s | | MC |
| Oxon Hill | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 6578 Bock Ter | STREET ADDRESS) | DR OTHER INSTITUTION | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife | | LIFE) 126. KIND INDUSTI | OF BUSIN | IESS OR |
| USUAL RESIDENCE HE NURSING HOME 130 STATE 135 CO Maryland Prin | OR OTHER INSTITUTION GIVE RESIDENCE | BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? YES NO [] | 13e STREET ADDRESS / 6578 Bock | | DE 2 | 0745 | |
| 14 FATHER'S NAME FIRST Nels | N. Nel | son | 15. MOTHER'S MAIDEN NA | WE | | Fo | rness | ı |
| MAS DECEASED EVER IN U.S. | 0.05 1010 0.00 0.055 | SECURITY NO. | 17 INFORMANT | 6578 188 | ck Te | rrace | | |
| No | 532 –1 8 | -8191 | Lorene M. Ha | 11 Oxon | Hill. | Maryl | and | |
| 18 CAUSE OF DEATH Enter | only one cause per ling or (a), (b) | ond ic | | | | APPR | OXIMATE INTE | RVAL |
| PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | T CONDITIONS CONTRIBUTED TO SERVICE TO SERVI | | | 200 AUTOPSY? | 20b. IF YI | ES, WERE FINITELY CAUS | DINGS USE | |
| SEE | | | | YES NO | | res | NO | |
| OR CONTRIBUTING CAUSE OF I | NER) P.M. | DAY YEAR | 21c HOW INJURY OCCUR | RED {ENTER NATURE OF INJUI | RY IN ITEM 18 | PART OR PART | 2) | |
| 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF | FICE, FARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | | STATE |
| 220.1 certify that (1) thus ho | priate attended the deceased fr | om | 30 1984 | | 5 | 1905 | , that | (po) last |
| saw the deceased alive | not view the body after death. | 19 <u>0</u> > . or | nd that in (my) (aur) opinian | death accurred on the do | ote and ha | out and from t | he causes st | tated |
| 22b. STONATURE | Shellips | - mi | DEGREE ATTENDING PHYSICIAN | MEDICAL STAR | F IAN [| 22c. DA | TE SIGNED | 85 |
| 724 PHYSICIAN'S NAME (TYP | | | 22e ADDRESS | | | | 0748 | |
| | . Phillips M.D. | - | 4902 Temple | | Temp | ole Hil | 18, M | d. |
| 230. BURIAL, CREMATION, REMOVA (SPECIFY) | 4 4- | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | | STATE |
| Burial | 11/20/85 | Cypress | Lawn Mem. Gard | | | | ashin | gton |
| 24 FUNERAL DIRECTOR | ADDR | ESS 2 | 0/45 AIA | REC'D. BY REGISTRAR | 25 REGIS | TRAR'S SIGN | ATURE | |
| G.P. Kalas F.H. | 6160 Oxon Hill | Rd. Oxe | m Hill Md 'NU | 1 0 PO2 | Separate A | THE PERSON NAMED IN | M. Tara | 尽 |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE ~ 318103 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-RICHARD STEVEN DEATH MATED 4. RACE 6 AGE (IN) NEW HATER SEX IE LINDER 24 HRS DATE 2d HOUR 0m 11:27 PRONOUNCED Male 4/23/68 Cau. DEAD 11-6-85 19 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County MD USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Frince George's County Hospital Attendant Cheverly Gas station ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 3a. STATE MD 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pr. Geo. Brandywine 13206 Williams Drive YES [NON 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Richard Charles Linda Marlene Neiser Douglas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Father Richard C. Neiser 13 213-06-8943 same as 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 128PM 1916-85 UNDERLYING XOR driver of an auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, Street FACTORY LARM, ETC.) WHILE AT WORK AT WORK Horsehead Rd. Oorme Rd. Brandywine, Maryland Autopsy 220. I certify that I took charge of the remains described above, held an and in my opinion Notural couses Accident Suicide Undetermined monner TITLE (SPECIFY ACTUAL DATE 11-7-85 Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 11/11/85 Cedar Hill Cemetery Suitland
[250. DATE REC'D. BY REGISTRAR 256 Pr. Geo. MD 07/84 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Huntt Funeral Home, Waldorf, MD **DHMH - 17** - in war down - paydalle (VR A15 ME (5))

STATE OF MARYLAND

CHELL "ale 2mu. 4/23/88 avery amelica accel or and ordered one of the Michard, Charles Telmin Linda Talian Touglos 5

poge 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the Stote Dept. of Health and Mental Hygiene prior to buriol, critical MAPORTANT: if Hem 21 is marked or Hem 18 shows any injury, or oth

injury, or oth

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

| REGISTRAR | | | CENTITIO | AILOI | PLATII | REG. N | 0. | | | |
|---|---|---|---------------|-------------|------------------------------|--|--------------|-------------|----------------------|----------------------------------|
| T. DECEASED NAME FIRST | | MIDDLE | LAS | ī | | 20. DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOUR |
| LORAIN | IE . | M | NELS | SON | | | NOV | 24 | 85 | 10:00a |
| 3. SEX | 4 RACE | | 5. DATE OF | | 9640 | 6. AGE IN YEARS LAST BIR | THDAY) | IF UNDI | ER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| Female | Caucas | ian | Sept | . 3 | 1915 | 70 | YRS. | | DATS | HOURS MIN. |
| 70 BIRTHPLACE STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIED | NEVER | MARRIED - | 9. BALTIMORE CITY O | R COUN | TY OF DE | ATH | |
| North Carolina | U.S.A | | WIDOWED | | NORCED [| Prince | | ge's | | MI |
| Camp Springs | (IF NOT IN SUC | HOSPITAL, NURSING THE FACILITY, GIVE STREET A | ODRESS) | | | 120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIFE | F WORKING | LIFE) 12b. | N/A | F BUSINESS OR |
| USUAL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION | | | | | - | IV/ M | 20744 |
| | | Ft. Washi | ngton | YES 🔀 | NO [] | 12320 Arro | v Pa | rk D | rive | |
| 14 FATHER'S NAME FIRST Henry | WIDDLE | McKenzie | 1 | | 'S MAIDEN NAM FIRST Na | WE | | P | ende | r |
| 160 WAS DECEASED EVER IN U.S. AR | | 166 SOCIAL SECUI | RITY NO. | 17 INFORM | ANT | 12320 AT | SS . | Dank | Dos | |
| TYES NO OR UNKNOWN) (IF YES, GA | E WAR OR DATES) | 579-05-8 | 584 | Rex K | . Nelso | n Ft. Wash | ingt | on, | Md. | |
| 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ly ane cause per | | | | 100 | (ais) | 40 | | APPROXI BETWEEN C | MATE INTERVAL ONSET AND DEATH |
| | TE CAUSE (a) | CARDIA | CARRI | est 🌶 | die | butter cours | dre . | | | |
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| Conditions, if any, which gove rise to immediate | (16)_ | MESTA | TARC Z | 4,7 | SPOLIAMO | HS-CELL CLUN | VG(dGA | NCER | | |
| couse (a), stating the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | | |
| | (c)_ | | | | | | 10.00 | | 31 | |
| PART 2. OTHER SIGNIFICANT (| CONDITIONS CO | ONTRIBUTING TO D | EATH BUT N | OT RELATE | D TO THE TERM | IN AL DISEASE OR CON | DITION G | IVEN IN | PART 110 | a |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. COND | ITION FOR WHICH | OPERATION | WAS PERF | ORMED | 20a AUTOPSY? | | | | NGS USED |
| Ĕ | | | | | | YES NO | | YES T | CAUSES | OF DEATH? |
| 210, ACCIDENT WAS UNDERLYING | 216. TIME O | | V VEAD | 21c HOW 1 | NJURY OCCURR | RED (ENTER NATURE OF INJU | RY IN ITEM 1 | B PART I OF | R PART 2) | |
| OR CONTRIBUTING CAUSE OF DE | 1111 | m, month da m | Y YEAR | | | | | | | |
| OR CONTRIBUTING CAUSE OF DEA | 21e PLACE | OF INJURY | | 211 LOCAT | | CITY OR TO | WN | cc | DUNIY | STATE |
| WHILE NOT WHILE AT WORK | (AI HOME SIN | REET FACTORY, OFFICE, FA | RM EIC } | SIRC | | CHIOKIO | | | | STATE |
| 220.1 certify that (It (this hospi | tal) attended th | e deceased from_ | grid ! | 445 | 19 85 | to_24 NEU | | . 19_3 | 5 | that N (we) last |
| sow the deceosed alive on abave, (h (we) (did) (did no | Ti view the bady | after death. | K1 and | that in (m) | (aur) apinian o | death accurred on the de | ate and h | our and f | om the | causes stated |
| 22b. SIGNATURE | | | DE | GREE | | | | 27 | 2c. DATE | SIGNED |
| nrm | my me | | MD | | PHYSICIAN | MEDICAL STAI | | | 11/2 | 4/85 |
| 22d. PHYSICIAN'S NAME (TYPEC | Man | 15-1 Tr | mb | 720 ADDRE | 0.0 | almer Rd, | FH | Win | plain | to ne |
| 230 BURIAL, CREMATION, REMOVAL | • | | | METERY OF | CREMATORY | 23d LOCATION | , , | | 21111 | 1 70, 146 |
| Burial | 11/27/ | 85 Arl | ington | Nat' | 1. Cem. | Arlingt | on | COUN | irgi | n i a STATE |
| 24 FUNERAL DIRECTOR George P. Kalas | | 6160 | Oxon | Hill | Rd. 250. DATE | E REC'D. BY REGISTRAR | 25b. REG | STRAR'S | SIGNATI | URE |
| George P. Kalas | Funeral | Home Oxo | n Hill | , Md. | NOV | 26 1985 | to week the | -coffee | Mary Bank | ale . |

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STATE OF MAR

| Nemecek | | 11 26 | 85 |
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| LAST | 20. DATE OF DEATH | MONTH DAY | YEA |
| CERTIFICATE OF DEATH | REG. | | |
| JIAIL OF MARILAND | 0 0 | W die | 4 |

| Male Cauc. 70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) TILLINOIS USA MARRIED NEVER MARRIED DIVORCED RESIDENCE (EN NURSING HOME OR OTHER INSTITUTION OF RESIDENCE SEPORE ADDRESS) Southern Maryland Hospital Center Retired VISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE SEPORE ADDRESS) Southern Maryland Hospital Center Retired VISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE SEPORE ADDRESS) NO DISTANCE DIVINION OF VERSION OF VORKING LIFE. NO DISTANCE DIVINION OF VERSION OF VORKING LIFE. 134. INSIDE CITY LIMITS: 134. INSIDE CITY LIMITS: 134. INSIDE CITY LIMITS: 134. INSIDE CITY LIMITS: 154. SET NO DISTANCE DIVINION OF VERSION OF VERSI | 85 3:40A M |
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| To BIRTHPLACE STATE OR FOREIGN The COUNTRY | ONTHS DAYS HOURS MIN. |
| Illinois USA MARRIED NEVER MARRIED DNORCED Prince George 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS) Southern Maryland Hospital Center Netired DUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (IVE OF WORK FOR MOST OF WORKING LIFE) Maryland Pr. George Accokeek 13 FATHER'S NAME FIRST JOSEPH Nemecek 15 MOTHER'S MAIDEN NAME (IF YES, GIVE WAR OR DATES) 16 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Que rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) LAST DUE TO, OR AS A CONSEQUENCE OF (c) LAST DUE TO, OR AS A CONSEQUENCE OF (c) LAST DUE TO, OR AS A CONSEQUENCE OF (c) LAST DUE TO, OR AS A CONSEQUENCE OF (c) LAST DUE TO, OR AS A CONSEQUENCE OF (c) LAST DUE TO, OR AS A CONSEQUENCE OF (c) LAST DUE TO, OR AS A CONSEQUENCE OF (c) LAST MARY DUE TO, OR AS A CONSEQUENCE OF (c) LAST LAST MARY DUE TO, OR AS A CONSEQUENCE OF (c) LAST MARY DUE TO, OR AS A CONSEQUENCE OF (c) LAST MARY LAST MARY 13 USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 136. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 136. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 136. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 136. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 136. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 136. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 136. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 136. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 137. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 137. USUAL OCCUPATION (ITYE OF WORK FOR MOST OF WORKING LIFE) Retired 137. USUAL OCCUPATION (ITYE OF WORKING LIFE) Retired 138. STREET ADDRESS 139. STREET ADDRESS 139. STREE | NE DE ATH |
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| Clinton Southern Maryland Hospital Center Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY Maryland Pr. George Accokeek Pr. George 14913 Fir St. 15 MOTHER'S MAIDEN NAME FIRST JOSEPH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for rat, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause iot, stating the underlying cause last. (c) (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired (134. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 14913 Fir St. 136. STREET ADDRESS / ZIP CODE 14913 Fir St. 24 NO 15 MOTHER'S MAIDEN NAME PRST MARY ADDRESS Evelyn H. Nemecek same as it DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause iot, stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) CAUSE OF MARY (c) DUE TO, OR AS A CONSEQUENCE OF (c) | MD. |
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| Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Line of the Heart Chiseson (c) | |
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| underlying cause lost (c) _ arter is seles he Heart disease | 21 |
| , and the same of | 3/2 years |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE | N IN PART 11a |
| 10 Hypertension: Peptie alcer Delease: Jaennes | 'e circhoin |
| 190 DATE OF OPERATION 115 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 ALPOPSY? 1206. IF YES. | WERE FINDINGS USED |
| YES NOTE IN CERTIFY! | ING CAUSES OF DEATH? |
| 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR | |
| A CONCONTRACT CAUSE OF REAL HOUR A.M. MONTH DAY YEAR | |
| OR CONTRIBUTING CASE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) SIREET CITY OR TOWN | |
| VILLE NOT WHILE NOT WHILE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN | COUNTY STATE |
| AT WORK AT WORK | |
| 4/01/ 4 = 8.5 | hat (I) (me) Jast |
| sow the deceased alive an | and from the causes stated |
| 276. SIGNATURE DEGREE | TR. BATESIGNED |
| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | 11/26/85 |
| 124 PHYSICIAN'S MAME (THECK MINT) 220 ADDRESS | 1 |
| J. Sanford Young, M.D. 11701 Livingston Rd. Ft. Wash | n. Md. |
| 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION | |
| Cremation 11/27/85 Metropolitan Crematory Alex. | Va. |

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Item 21 is marked ar Item 18 th

24 FUNERAL DIRECTOR
G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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| FOR STATE REGISTRAR | | | DEPARTM | NENT OF H | ICATE O | D MENTAL HY | | EG. NO | U 2 | Le Control | |
|---|----------------|--|--|------------------|---------------|------------------------|--|-------------|---------------|--|----------------------|
| CEASED NAME | FIRST | N | IDDLE | 1 | LAST | | 20. DATE OF DEA | ATH N | ONTH | DAY YEAR | 2b. HOUR |
| | Ann | 1 | • | Nol | .es | | November | 3, | 198 | 5 | 12:20A M |
| Х | | 4 RACE | | 5. DATE C | | | 6. AGE (IN YEARS | LAST BIRTH | DAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| emale | 5,570 | Caucasia | ın | Dece | mber | 1, 1900 | 84 | | YRS. | MONTHS DAYS | HOURS MIN. |
| irthplace (State country) innesota | ORFOREIGN | 76. CITIZEN OF V | VHAT COUNTRY? | MARRIE WIDOWE | | ER MARRIED DIVORCED | 9. BALTIMORE C | | COUNT | | MD |
| ity or town of restville | 9 | Regency | OSPITAL, NURSIN HEACILITY, GIVE STREET A Nursing | & Re | 1000 | | 120 USUAL OCC (1YPE OF WORK FOR Bakery | MOST OF | WORKING L | INDUSTRY | F BUSINESS OR |
| AL RESIDENCE (# P STATE ryland | 13b. COUN | 1TY | GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Oxon Hi | N | 13d INSID | E CITY LIMITS? | 13e STREET ADD | | Lane | | 20745 |
| Hugh | | WIDDLE | Touhy | Est. | | FIRST MAIDEN NA | MIL | DDIE | | Ferr | |
| WAS DECEASED EN | | MED FORCES? | 166 SOCIAL SECU | | Dolo | res N. H | R Huguley | te. Cal: | 2. | Box 92 nia, Md. | |
| 18 CAUSE OF DE PART I. DEATH | H WAS CAUSE | lly one couse per D BY: TE CAUSE (o) | line for (o), (b), one | - | AL | INFA | nction | | | | MATE INTERVAL |
| Conditions, if a gove rise to couse (a), st. | immediate | (b) | AS A CONSEQUE | Losc | LEN | Liza | | | | YE | ANS |
| underlying co | ouse lost | ((c) | 75 7 CO 132002 | 1102 01 | | | | | | | |
| DIABE | 165 | M- | STAL | OKE | Si | MONON | MINAL DISEASE OR | CONDI | | VEN IN PART I O | |
| 19a. DATE OF OPE | | | TION FOR WHICH | OPERATIO | | | 200 AUTOPSY YES NO | | IN CERTI | S, WERE FINDIN IFYING CAUSES ES [] | GS USED OF DEATH? NO |
| 21a. ACCIDENT WAS OR CONTRIBUTING ((1F EITHER NOTIFY A | CAUSE OF DEA | in . | A. MONTH DA | Y YEAR | 21c. HOW | ' INJURY OCCUR | RED (ENTER NATURE | OF INJURY | IN ITEM 18 | PART 1 OR PART 2) | |
| 21d. INJURY OCC | T WHILE | | ET, FACTORY OFFICE, FA | | 211 LOCA | TION REET | CII | y OR TOW | 7 | COUNTY | STATE |
| sow the dece obove, (1) | eosed olive on | of ottended the | deceosed from | SC_, or | nd that in (n | ny) (gur) opinion | deoth occurred on | the dot | 3 e ond ho | | hot (I) (Vost |
| The SIGNATURE | 2 | | m | | DEGREE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR P | STAFF | (N 🗆 | 22c. DATE : | 85 |
| 22d. F SCIAN'S Phi | | otsky. 1 | M.D. | | 22e. ADDI | | Hill Rd. | Ox | on H | 111. Md. | |

MPORTANT

MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23b. DATE 11/6/85

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN

M. Minneapolis

Ft. Snelling Nat'l. Minneapolis Minnesota

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

6160 Oxon Hill Rd George P. Kalas Funeral Home Oxon Hill, Md

1. Coles Covencer 3, 1:85 12:204 C nometys . 1 woombow 1, 1900 Sh Erince George to corectville . Menency Murelman & Bohab. Center Bakery - Retired Bokery Entryland Friend George Com. Hill to bol Audrey Lane 2001 Towns Margaret 1 -240 3 " Htg. 2, sex 915 172-03-9976 Deleres N. Pupuley Celifornia, Co. 11/6/85 6168 toom Fill Re., Oxen E111, Me. Burged 11/6/85 St. Scolling Fatil. Com. Minneapolis Minneapolis .5 Lit m 1) Da 3

Guarge . Malus Suneral Fore Chan Mill, He.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | CERTIFIC | CASE OF DEATH | REG. | NO. | | |
|------------------|--|--|-----------------|--|--|----------------|-------------------------------|----------------------------|
| | ECEASED NAME FIRST CORNEL! | IUS V. | OLDW: | | 20 DATE OF DEATH | | 04 85 | 26. HOUR 8 58AM |
| 3. SE | Male | A RACE Black | S DATE OF MONTH | DAY YEAR | 6. AGE LIN YEARS LAST | BIRTHDAY) YRS. | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio | 76 CITIZEN OF WHAT COUNTRY USA | MARRIED | The state of the s | PRINCE | _ | E'S COUN | NTY MD. |
| | CHEVERLY | PRINCE GEORGE | ETS GENI | | 120 USUAL OCCUP. (TYPE OF WORK FOR MO: Securit | ST OF WORKING | LIFE) INDUSTRY | S Gov't |
| 13a. M | aryland Princ | ROTHER INSTITUTION GIVE RESIDENCE BEFORM I3c. CITY OR TO e Georges Glen | Arden | 13d INSIDE CITY LIMITS? YES X NO [] | 3208 John | | | 20706 |
| | ATHER'S NAME FIRST Benjamin | F. Oldwine | | IS. MOTHER'S MAIDEN NA FIRST Anna | Louise | | Pierce | |
| | WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) IF YES GIV WW | RMED FORCES? VE WAR OR DATES) 1072-03- | | 17. INFORMANT William H. F: | | Bowie | , Md. | etcherto |
| | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. | DUE TO, OR AS A CONSEQ (b) Can'd DUE TO, OR AS A CONSEQ (b) Can'd DUE TO, OR AS A CONSEQ (c) Mass | DENCE OF | arrest shock & b etropeint one | raclyans | toma | 4 | |
| CERTIFICATION | PART 2 OTHER SIGNIFICANT COVER OF PERATION 190 DATE OF OPERATION 11-2-55 | conditions contributing to | perteur | iot related to the term | Pace may 200 AUTOPSY? | 20b. IF Y | IVEN IN PART 1 | Saltry NGS USED |
| MEDICAL CERTI | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR | 216 HOW INJURY OCCURE | RED (ENTER NATURE OF II | , | YES [] 3 PART OR PART 2) | NO 🗌 |
| MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE | E FARM ETC) | 21f LOCATION STREET | CITY OF | TOWN | COUNTY | STATE |
| | sow the deceased alive on | ital) attended the deceased from the view the body after death. 19. 19. | 85 , ond | that in (my) (mr) opinion of EGREE ATTENDING | , | TAFF | pur and from the | |
| | 22d PHYSICIAN'S NAME (TYPE OF RAVINDER | C K RUSTAG | | 22e ADDRESS 6/32 LI CHEVER | ANDOVE ! | 0 | 45 | |
| 230 | BURIAL, CREMATION, REMOVAL (SPECIFY) | No. | NAME OF CE | METERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |

TO FUNERAL DIRECTOR: After

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, an

m 18 shows

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

Beall Funeral Home

Montgomery, Ohio

250. Dayton, Montgomery, Ob 250. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 0 6 1985 Dayton National Cem. 16000 Annapolis Road Bowie, Maryland

in rewidon Randelle

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The State of the S

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MASS S SE PO H

further from Georges Clam areas 3200 Johnson John Ecopo

Commence of the grant of the color of the color of the state of the st

Transit-Surfal Nov 8 1965 Payton National Cen. Payton, Montgowery, Ondo

yes W I 0/2-03-0399 William H. Firsgerald Bowle, Md.

2.5

renjerin .. olawin.

Beall Funeral Hone Bowle, Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

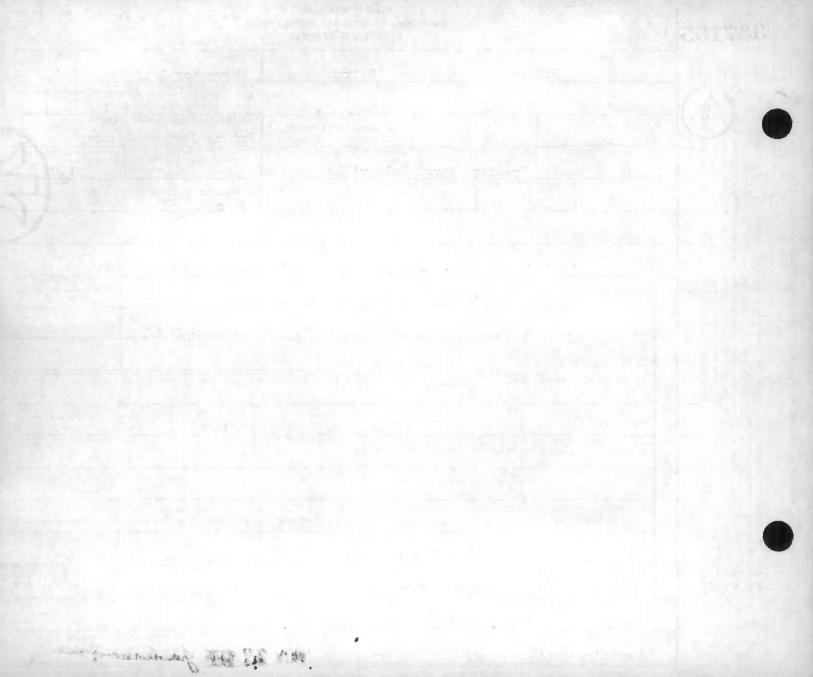
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. | NO. | | | | |
|---|--|--|-----------------|--|-----------|---|-------------------------|----------------|---------------------------------|----------------------------------|--|--|
| | | CEASED NAME FIRST | ٨ | MIDDLE | 1 | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR | | |
| | TITPE | De1 | ter | | 0 | strum | Novembe | r 18. | 1985 | 6:15P M | | |
| | 3 SEX | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST | | MONTHS DAYS | IF UNDER 24 HRS | | |
| ١ | 60 | emale | whit | to. | Feb | | 81 | YRS | | HOURS MIN. | | |
| L | 7a. BII | | TE CITIZEN OF | WHAT COUNTRY? | 8. | NEVER MARRIED | 9 BALTIMORE CITY | OR COUN | TY OF DEATH | | | |
| 2 | | rth Carolina | USA | 3-1-0 | WIDOWE | | Prince Ge | orges | County | MD. | | |
| | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSING | | OR OTHER INSTITUTION | 120 USUAL OCCUPA | | 12b. KIND C | F BUSINESS OR | | |
| 4 | Lo | urel | | | | ville Hospita | | | laund | dn u | | |
| 1 | 13a. S | AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN | | GIVE RESIDENCE BEFORE A | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | | | | |
| 1 | 1 | ryland Po | | Laurel | | YES NO | 2 Morton | | | | | |
| 1 | 14 FA | THER'S NAME | AIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | | | LAS | | | |
| 4 | W | illie Jones | | | | Alverta | S | S | Stalling | | | |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECUR | ITY NO. | 17 INFORMANT | ADD | RESS | 3 | | | |
| | | ies 1943 | -45 | 577-01-74 | 82A_ | Virginia Lou | ise Ryan s | ame a | s above | | | |
| | | 18 CAUSE OF DEATH (Enter on | y one couse per | line far (a), (b), and | (c) | | | | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH | | |
| | | PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) EPRDIO CUlmonary failure | | | | | | | | | | |
| | | | DUE TO OF | R AS A CONSEQUEN | NCE OF | (, , , , , , , , , , , , , , , , , , , | | | | | | |
| | 111 | Conditions, if ony, which (b) Malignent Lymphome Secondarica | | | | | | | | | | |
| | | gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | | underlying couse lost. | (c)_ | tur | Lve | 110 218 C/C | | | | | | |
| | , | PART 2. OTHER SIGNIFICANT C | ONDITIONS CO | ONTRIBUTING TO DE | ATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | NDITION C | SIVEN IN PART 10 | 0 | | |
| _ | CERTIFICATION | | Ton cover | | | | To the second | Ton 15 : | | | | |
| | FF | 19a DATE OF OPERATION | 196 CONDI | TION FOR WHICH C | PERATIO | N WAS PERFORMED | 200 AUTOPSY? | | ES, WERE FINDING TIFYING CAUSES | | | |
| | ER | 21a, ACCIDENT WAS UNDERLYING | 21b. TIME O | E INTITION | | 131. HOW IN HIRV OCCUPA | YES ON NO | | YES | NO 🗌 | | |
| ì | 2 | OR CONTRIBUTING CAUSE OF DEA | 110115 | M. MONTH DAY | YEAR | 21c. HOW INJURY OCCURR | (ED (ENTER NATURE OF IN | JURY IN ITEM 1 | 8 PART I OR PART 2} | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | P./ | | 19 | AN LOCATION | | | | | | |
| | MEC | WHILE NOT WHILE | (AT HOME STR | OF INJURY FET, FACTORY, OFFICE, FAR | RM ETC) | 21f LOCATION STREET | CITY OR | rown | COUNTY | STATE | | |
| | | AT WORK AT WORK | | | | | | | | | | |
| | | 22a. I certify that (I) (this haspit sow the deceased alive on | | e deceosed tram 19 | 0.0 | d that in (my) (our) opinion o | , to | date and h | | that (I) (we) lost | | |
| | | obove, (I) (we) (did) (did not 22b, SIGNATURE | view the body | ofter deoth. | | DEGREE | acom occorred on me | dore ond in | 22c DATE | | | |
| | | M. Co 1 L | | -0.14 | , | A ATTENDING | | AFF _ | | | | |
| | 22d PHYSICIAN NAME (TYPE OR PRINT) 22d PHYSICIAN NAME (TYPE OR PRINT) 22d PHYSICIAN NAME (TYPE OR PRINT) | | | | | | | | 111 / | 3085- | | |
| | | 00 020 11 | | 1. 00 | | | 0 | 0 | | 2070) | | |
| - | 73a D | URIAL, CREMATION, REMOVAL | 1236 DATE | | 11 GMG | EMETERY OR CREMATORY | 23d LOCATION | D) A CO | e Caus | LI FY | | |
| | | SPECIFY) | | | | | CITY OR TOWN | . 1/ | COUNTY | STATE | | |
| | | Burial INERAL DIRECTOR | Nov. | 22,1985 N | reado | wridge Mem. Po | E REC'D. BY REGISTRA | | ryland | (URE | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Donaldson Funeral Home, Laurel, Md

10 27 035 Juli Devidon Pondere



A THE CONTRACTOR OF THE PROPERTY OF THE PROPER

DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 316041 20. DATE KNOWN DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Palmer hredna & AGE (IN YEARS | IF UNDER 1 YR 5 DATE OF BIRTH IF LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY DAY YEAR PRONOUNCED B:11A eb. 4, 1972 DEAD emale Black 13 YRS A BIRTHPLACE INTAIL OF TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X POMEIGN COUNTRYS Atlanta, Ga. U. S.A. WIDOWED DIVORCED Prince George's County, LCITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince George's General Hospital Cheverly Student. ISUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL 13e STREET ADDRESS 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Washington YES & NO [Lourdes Drive Md A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Palmer, Jr. Theresa Davis Roosevelt LaJune 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Md. None Marvin Davis-9701 Natahala Place-Clinton. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Smoke inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions If tilly, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IVE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO X THE EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR 12+xx 11 House fire CONTRIBUTING CAUSE OF DEATH 1 1985 21e PLACE OF INJURY 216 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 501 Lourdes Drive, Ft. Washington, P.G., MD home The I county that I rook charge at the figurains described above, held an and in my opinion Homicide death resulted from: Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 11/1/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS. 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Buria Harmony Memo, Park Landover Md 07/84 24 FUNERAL DIRECTOR T. C. 256 REGISTRAR'S SIGNATURE **DHMH - 17** a me removed on the perpetable Spangler Funeral Home 524 - 8th St., N. E (VR A15 ME (5))

d

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIPNE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 318163 REGISTRAR REG. NO 1. DECEASED NAME KNOWN 2a. DATE 76 HOUR LITYPE OR PRINTS ESTI-Jean Ethel Patterson DEATH MATED 6. AGE (IN YEARS | IF UNDER I YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Female White 09 1901 84 06 DEAD 9:10F 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED & Canada U.S.A. Prince George's County WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince George's General Hospital Cheverly Administrator U.S. Gov. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince George's Mt. Rainier 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 4213 31st Street 20712 YES X NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Patterson Ethel Botteri1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS (Sister) (IF YES, GIVE WAR OR DATES) 216-44-3556 Kathleen M. Patterson Same as 18. CAUSE OF DEATH (Enter only one cause perfline for (a), (b), and (c). RETWEEN ONSET AND DEATH the cardie vas cu PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d.) USED AS A CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO **FUNERAL DIRECTOR**; PAGE 3 SHOULD BE US AFIER DEATH, WITH THE STATE DEPARTMENT OF BATTIMORE, MARYLAND, 21201 PRIOR TO BUTRI YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 228. I certify that I took charge of the remains described obave, held an Autopsy Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME 5009 Rayburn Ct., Temple Hills, Md Augusto P Rodriguez, M.D. 23d. LOCATION 23 a BURIAL, CREMATION, REMOVAL 11/07/85 Burial Fort Lincoln Cemetery Brentwood P.G. Maryland BP. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 14Pranely Gasch's Sons Funeral Home. P.A. **DHMH-17** 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5)) 15M2/80

A PLEASURE OF Alleger Landstat vertically that The selection of the se

executed

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

should be detached for use as the burial-transit permit. Then please "emarers" with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO FUNERAL DIRECTOR. After this certificate has been

OR ATTENDING PHYSICIAN: The low ottending physician.

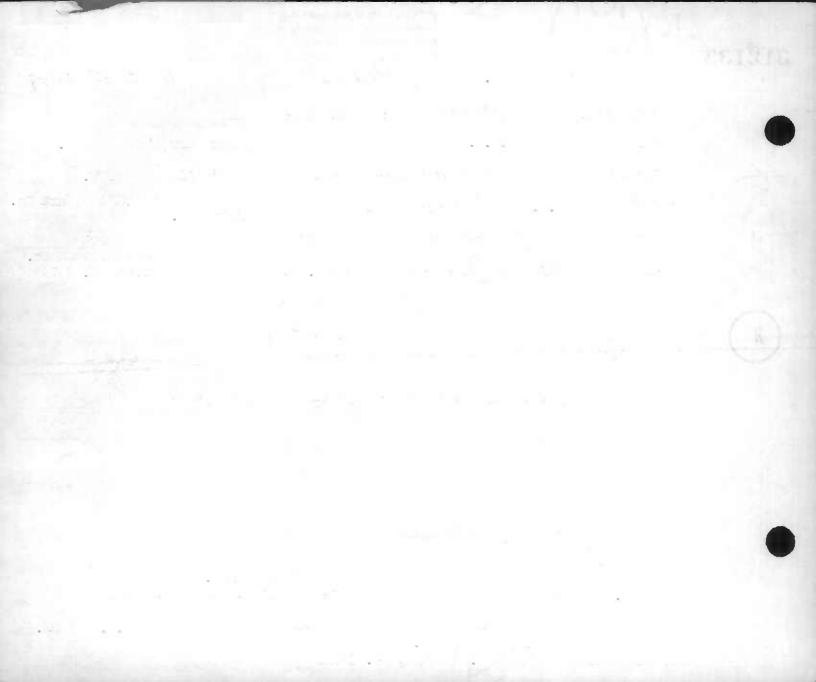
etained by the haspital

BP DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - | REGISTRAR | | | | CERTIF | ICATE OF DEA | ATH | REG. | NO. | | | |
|---|---------------|---|-------------------------------|------------------------|-------------------------------------|--------------------------------------|--|---------------|--|----------------|---------------------|---------------|--------------|
| | | EASED NAME | FIRST | | AIDDLE | - | AST | | 20. DATE OF DEATH | | DAY YEAR | 2b. HOUR | |
| | (TYPE | OR PRINT) Mar | У | R. | | te | rtins | | | 11 | 3 85 | 12:4 | Som |
| | 3. SE) | | 4 | RACE | . 1 | 5. DATE O | | YEAR | 6. AGE (IN YEARS LAST | BIRTHDAY | IF UNDER I YEAR | | A ARS |
| | | emale | | Wh | ite | 09 | | 896 | 89 | YRS | | INCURS | mus. |
| P | | RTHPLACE (STATE OR F | OREIGN 76 | | WHAT COUNT | RY? 8 | NEVER MAI | RRIED 🗆 | 9. BALTIMORE CITY | OR COUN | TY OF DEATH | | |
| | I | reland | | U.S.A | | WIDOWE | DNO | RCED _ | Prince Ge | orge! | S | Md. | MD. |
| | | TY OR TOWN OF DEA | ATH 1 | | HOSPITAL, NUI | | R OTHER INSTITU | NOITL | 12a. USUAL OCCUPA | | | OF BUSINES | SOR |
| | | inton | | | | lescent | Center | | Nurse's A | id | PVT. | | |
| - | 13a. S | it residence (if nurs tate tryland | 13b. COUNTY P.G. | THER INSTITUTION. Y | 130. CITY OR T | OWN | 13d INSIDE CITY | | 13e STREET ADDRES | | DE 9211 S | Stuart | . Ln |
| - | _ | THER'S NAME | | | | | 15. MOTHER'S M | AIDEN NAM | Clinton M | d. | 101 | 705 | |
| 1 | | Daniel | M II | PDDLE | Rodgers | | Mar | | MIDDLE | | Roart | У | |
| | Iáa. W | AS DECEASED EVER | IN U.S. ARMI | ED FORCES? | 166 SOCIALS | ECURITY NO. | 17. INFORMANT | | ADD | RES 581 | 2 Middl€ | ton C | t. |
| | N | ES NO OR UNKNOWN | N/A | YAR OR DATES | 577-20 | -2670 | Anna G. | Dunn | Cam | p Spr | ing, Md. | 2074 | 8 |
| | | 18 CAUSE OF DEAT | | | line for (a), (b) | , and (d.) | (1 | | | | APPRO: BETWEEN | XIMATE INTERV | AL E A TH |
| | | PART I. DEATH W | IMMEDIATE | | < 4 | entu | - She | UCIC | | | | | |
| | | | | DUE TO, O | R AS A CONSE | QUENCE OF | | 1 - | | | | | |
| | | Conditions, il any, | | (b) | | pren | unri | 17. | | | | | |
| | | gave rise to imm couse (a), statin | g the | DUE TO, OF | R AS A CONSE | QUENCE OF | | | | | | | |
| | | underlying cause | last. | (c) | | | | | | | | | |
| | NO | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | TO DEATH BUT NOT RELATED TO THE TERM | | | MINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | |
| - | CERTIFICATION | 19a DATE OF OPERATION 196 CO | | | CONDITION FOR WHICH OPERATION WAS P | | | AED | 20a AUTOPSY? | | YES, WERE FIND | | |
| | E | | | | | | | | YES NO | | YES | NO [| 15 |
| | Ü | 21a. ACCIDENT WAS UND | | 216. TIME O | | DAY YEAR | 21c HOW INJU | RY OCCURRE | D (ENTER NATURE OF IN | JURY IN ITEM ! | 8 PART I OR PART 2) | | |
| | CAL | OR CONTRIBUTING (| | P. | | 19 | | | | | | | |
| | MEDICAL | 214 INJURY OCCUR | | 21e. PLACE | OF INJURY | ICE FARM ETC.) | 214 LOCATION STREET | | CITY OR | IOWN | COUNTY | | ATE |
| | ~ | AT WORK AT WO | RK - | | | | | | | | | | |
| | | 22a-1 certify that (1) | | l) attended th | e deceased fro | | | 19 | , to | | . 19 | , , | |
| | | saw the decease above, (I) (we) (c | ed alive an did) (did nat) | view the bady | after death | 9, an | id that in (my) (au | ur) apinion d | eath occurred an the | date and h | our and from the | causes state | ed |
| | | 22h. SIGNATURE | .M. | A- | | (| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN | | | | | | |
| - | | 22d. PHYSICIAN'S NA | AME (TYPE OR P | RINI) | | | | | th Ave. # | | | | |
| | | Dr,Reza | Mosta | an | | | | | ls, Maryl | | 20748 | | |
| | 23a. B | URIAL, CREMATION, | | 23b. DATE | | 3t. NAME OF C | EMETERY OR CRE | | 23d LOCATION | | COUNTY | STA | ATE |
| | L E | Burial | | 11-06- | | Resurrec | ction Cer | meterv | Clinton | | P.G. | Md | |
| | 24 FL | NERAL DIRECTOR | ee Fune | eral Ho | me, Inc | c. | | 250 DATE | REC'D. BY REGISTRA | | 1 450 | | |
| 6 | 133 | Old Alexar | der Fo | erry Ro | Clini | ton Md | 20735 | MOA | 06 1985 | Stille ! | EHOMA A | and com | 4 |



Could not be (many many afairaty under mainin - community the Contract of the contract

Funeral Home-4001 Benng, Rd., N.E

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

51A

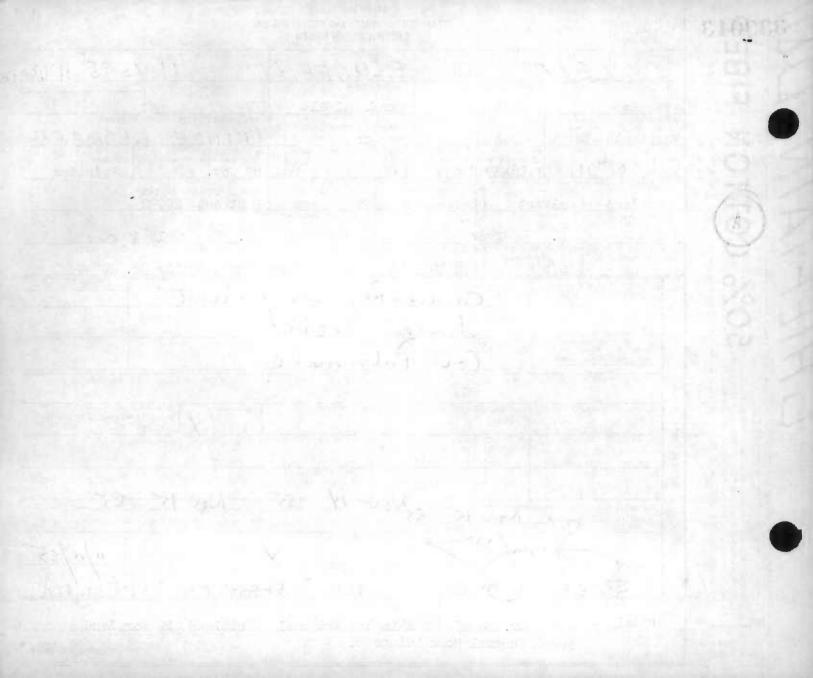
IF UNDER 24 HRS

STATE

DHMH

(VRA 15, 4)

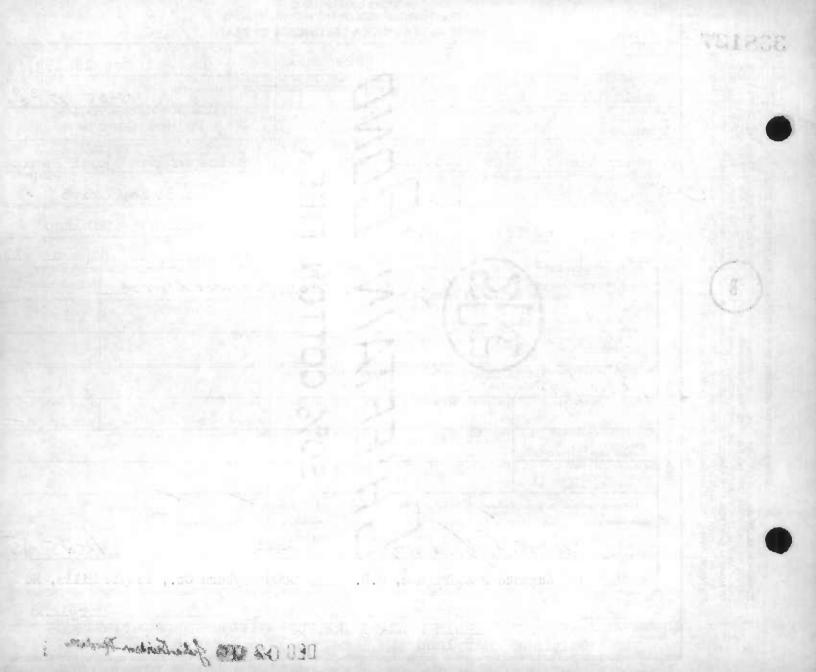
| | 100 | | STATE OF MARYLAND | 8 5 | 32 . 10 |
|--|--|--|---|--|--|
| 3013 | FOR STATE REGISTRAR | DEPARI | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO | 1 |
| | 1. DECEASED NAME FIRST | WIDDLE | LAST | | AONTH DAY YEAR 26 HOUR |
| poge 3 | (TYPE OR PRINT) LEL | AC | PLUNKETT | | 11 15 85 11:08A |
| od e | 3 SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTH | MONTHS DAYS HOURS MIN. |
| 45 // | female | white | March 4,1911 | 74 | YRS. |
| 100 | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | * MARRIED NEVER MARRIED | 9. BALTIMORE CITY OF | COUNTY OF DEATH |
| 11/11/ | Washington DC | USA | WIDOWEXX DIVORCED ING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| A STATE | CLINTON/ | SOUTHERN | | (TYPE OF WORK FOR MOST OF | |
| 7 | 130 STATE Marvland Cal | UNTY 13c. CITY OR TO | wn 13d. Inside Cary Limits? | 13e STREET ADDRESS / D Street 2 | ZIP CODE |
| 1 | M. FATHER'S NAME | | 15. MOTHER'S MAIDEN NA | ME | |
| 1 /2 | Adam E. | | Sara URITY NO. 17 INFORMANT | C . | Blandford LAST |
| 10 12 | (YES, NO OR UNKNOWN) (IF YES. | GIVE WAR OR DATES) | | | |
| 0 0 | no n/ | a 578 10 only one couse per line for (a), (b), o | | rorrestvi. | 11e Md. 20747 |
| physi npap movo | PART I. DEATH WAS CAU | ISED BY: JATE CAUSE (0) Card | 40 - Kestrutun | 1 Aprest | SCHWEEN ONSET AND DEATH |
| orba ar re | iiviivic B | DUE TO, OR AS A CONSEQU | UENCE OF | | |
| otten ove c otion, | Conditions, if ony, which | (16) Seve | | | |
| the rem | gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OR AS A CONSEQU | UENCE OF O | | |
| ed by pleas | | T CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | UNIAL DISCASE OR COND | ITION CIVEN IN DART 1. |
| sign Then to bu | | CONDITIONS CONTRIBUTING TO | D DEATH BUT NOT RELATED TO THE TERM | ANAL DISEASE OR COND | ITION GIVEN IN PART TO |
| no. permit. ne prior sws ony i | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| ficote tronsit I Hygie 18 sho | OR CONTRIBUTION CALLED | | DAY YEAR 21c. HOW INJURY OCCUR | | |
| ng p certi- certi- certi- certi- certi- certi- certi- | S (IF EITHER NOTIFY MEDICAL EXAM) | NER) P.M. | 19 | | |
| tendir the bind w | 21d INJURY OCCURRED WHILE NOT WHILE | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE | (FARM ETC.) 211. LOCATION STREET | CITY OR TOW | N COUNTY STATE |
| After at a solith o solith a s | AT WORK AT WORK | roital) attended the deceased from | Nur 14 10 85 | · New | 15 19 85 that (1) (we) lost |
| TOR: or us of Hee | | spital) attended the deceased from h 19 101 view the body after death | | death occurred on the do | te and hour and from the causes stated |
| hosp IREC hed f ept. o | 22b. SIGNATURE | liot) view the body offer death | DEGREE | , | 22c. DATE SIGNED |
| AL D Al D detoc | 0 | 1 | ATTENDING PHYSICIAN | MEDICAL STAF | AN [11/15/85 |
| FUNER old be dhithe Sto | THE PHYSICIAN'S NAME IN | OR (MINI) | 22e ADDRESS | . 01 | 11/1 |
| retoined by TO FUNER should be with the Ste | > 203Et | (M.D | 750 SUR | EATTS KN | . CLINTON, ond |
| | 230. BURIAL, CREMATION, REMOV | The state of the s | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| BP | burial 24 FUNERAL DIRECTOR | | Jashington National | Suitland | PG Maryland 56 REGISTRAR'S SIGNATURE |
| IMH - 16 60M 7/B4 | NAME RAIL | sch Funeral Home. | Owings Md | The state of the s | M. REODIKACO SIGNATURE |



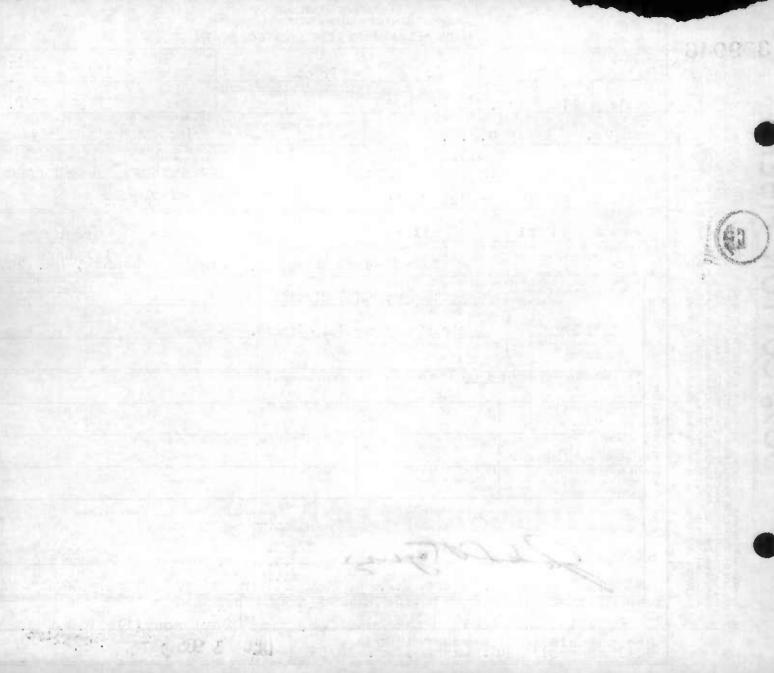
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 326048 L DECEASED NAME 20. DATE KNOWN F Arthur (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR. 15 FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD July 15,1950 35 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Washington, D. C. USA IO. CITY OR TOWN OF DEATH ILMAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Truck Driver Unknown Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h, COUNTY CITY OR TOWN 3717 Dunlap Street Hillcrest YES X Md. NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Wisdom Arthur U. Prather, Sr. FIRST Shirley M. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mrs. Shirley M. Latture/mother/same as 577-66-7052 ical Examiner Along Wij a Burial - Transit Permit. P h and Mental Hygiele Mation, or Remoyal APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per lans for la label and (c).) RETWEEN ONSET AND DEATH injures with complication PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE. Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CATE, WRITING THE WORD "PENDING" IN P FORWARDED TO THE CHIEF MEDICAL EXA OR. PAGE 3 SHOULD BE USED AS A BURIAL-THE STATE DEPARTMENT OF HEALTH AND ME NDD, 21201 PRIOR TO BURNAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 10 AUTOPSY? multiple 10-31-85 wanne YES NO POT 216. TIME OF INJURY 210. EXTERNAL CAUSE WAS OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME. AT WORK AT MOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH 1HE STY BALTIMORE, MARTIAND, 2 220 I certify that I took charge of the remains of cribed above, held on Autopsy Inspection and in my apinion death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P Rodríguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c, NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial COUNTY STATE Lincoln Memorial 11-21-85 Suitland BP. 24 FUNERAL DIRECTOR 250. DATE REC'D BY BEGISTRAR L Jöhn T. Rhines Co., 3015 12th St. N.E., D.C. **DHMH-17** (VR A15 ME (5)) 15M 2/80

and the control of th

DEPARTMENT OF HEALTH AND MENTAL HYGIÉ 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 338127 REG. NO I DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Mary Pressnall Lowe S NECESSARY, PLEASE FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
WARRESTON STREET, DEATH MATED Nov 4 RACE SEX 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 64 yps PRONOUNCED 192 Female White Apr DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED FOREIGN COUNTRY) Prince George USA Tennessee WIDOWED FILED, 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 2109 Scott Key Salesperson **Forestville** Real Estate 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Forestville 2109 Scott Key Pr Geo Maryland YES NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Robinson Mary Frances BALTIMORE, Lowe Lucas Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES NO OPLINKNOWN 578 32 4861 Thomas L Pressnall, Sr Same as CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) elevotre Carded Ups cular descare BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART & OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPER 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE 220 I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Natural causes death resulted fram: Accident Suicide Hamicide ___ Undetermined monner SIGNATURI MEDICAL EXAMINER EXAMINER'S NAME Augusto P Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md Maryland 27Nov1985 Resurrection Cemetery Clinton Burial 07/84 BP 25M 24. FUNERAL DIRECTOR RObert Wilhelm Funeral Home | 250. DATE REC'D. BY REGISTRAR | 250. REGISTRAR'S SIGNATURE **DHMH - 17** Suitland Maryland (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYG - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE KNOWN X (TYPE OR PRINT) Mary DEATH MATED 19 85 Price 4 RACE 6. AGE (IN YEARS IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Dec. 13, 1914 70 DEAD 19 85 Female White 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Prince George's County West Va. U.S.A. ID. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 9216 Fowler Lane Lanham Homemaker Own Home ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 1136 COUNTY 134 INSIDE CITY LIMITS? 9216 Fowler Lane Prince George's Maryland Lanham 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James Wallace Bessie Mae Green The WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT owler Lane 232-01-4662 James R. Price No Lanham. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which chronic myocardial disease. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID None 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES [] NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 2Te PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge at the remains described above, held an Autopsy EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAI Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 11/29/85 Deputy SIGNATURE. 1919 Seminary Road EXAMINER Silver Spring, Montgomery County, Md. John S. Rogers, M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 07/84 Davidsonville P.G 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SSIGN 25M Remodon/Hale Lanham Funeral Home 9013 Annapolis Rd. Lanham, Md. **DHMH - 17** (VR A15 ME (5))





PRESTON ST., BALTIMORE.

DIVISION OF VITAL RECORDS, 201 W.

FOR - STATE REGISTRAR

Male BERTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

SUAL RESIDENCE (IF NURSING HOME OR OTHER INST

Clinton

FIRST

Louis

I. DECEASED NAME

[TYPE OR PRINT]

3. SEX

MEDICAL

| DEPARTMENT OF HE | OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH | GIENE 8 5 | 3 | 2 . | 2 | 2 | |
|--|---|-------------------------|----------|--------------|-----------|------|-----|
| MIDDLE | 121 | 28. DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR | | |
| A. Pro | ctor F BIRTH | 4.405 | 11 25 | 85 | 12: | 55A. | . M |
| RACE BIK S. DATE ON MONTH OI | 02 31 | 6 AGE (IN YEARS LAST BI | | UNDER I YEAR | HOURS | MIN. | |
| O.S. A. WIDOWEI | NEVER MARRIED DIVORCED | Prince | | | ount | ₩D. | |
| 11. NAME OF HOSPITAL, NURSING HOME OF INFORMATION IN SUCH FACILITY, GIVE STREET ADDRESS) Southern Marylan | | 12a USUAL OCCUPAT | ION | 126. KIND O | F BUSINES | SOR | |
| other institution give residence before admission; ITY 136 CLT OR TOWN ace Ger Fort Wash | 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS | ZIP CODE | Hills | Dr. | 2074 | 4 |
| ANDLE Proctor | Mary Mary | France | 25 | Thom | PSON | 1 | |
| MED FORCES? 16b SOCIAL SECURITY NO. | 17. INFORMANT | ADDR | ESS | | | | |

| | E WAR OR DATES) | Mary C. | Proctor | 544 | |
|--|----------------------------|-----------------------|----------------------------|--|------------------------------------|
| PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO OR AS A CONSEQUENCE | E OF | A Runch | 8ETWE | OXIMATE INTERVALEN ONSET AND DEATH |
| 9a DATE OF OPERATION | 196 CONDITION FOR WHICH OP | ERATION WAS PERFORMED | 200 AUTOPSY? YES □ NO ▼ | 20b. IF YES, WERE FIN IN CERTIFYING CAUS | DINGS USED SES OF DEATH? |
| 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | IRY IN ITEM 18 PART I OR PART | 2) |

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [218. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR LOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET 22a.1 certify that (1) (this haspital) attended the deceased from that (I) (we) last that in (my) (aur) apinian death occurred on the date and haur and from the causes stated

the deceased alive on the body after death

23h DATE

MEDICAL STAFF DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL

Kesurrection

DHMH - 16 60M 7/84 (VRA 15, 4)

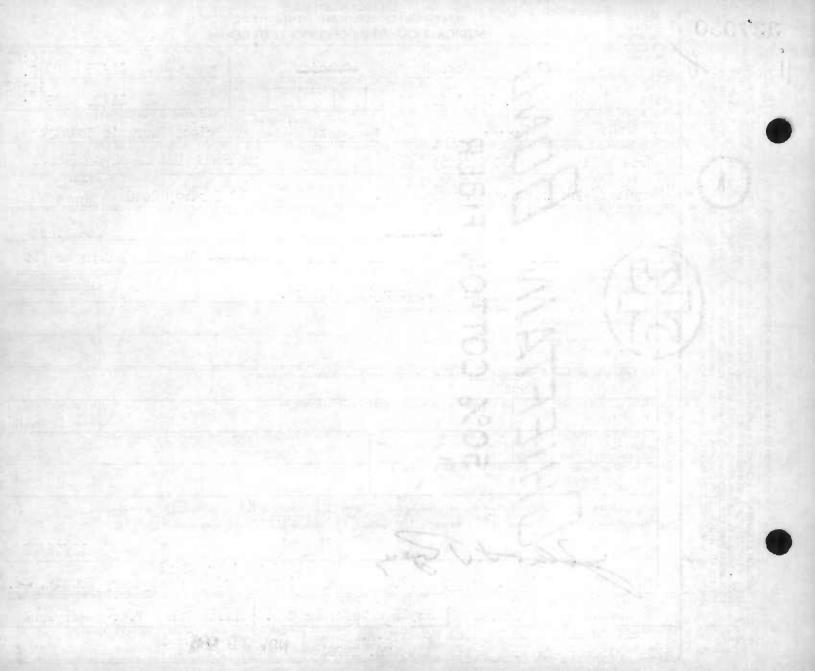
vid be detached the State Dept.

CRIANT

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE which the Mandalle

Closie there through the same with more Mary & Tireton SALL Martin Warner Charles - Markey and Martin

| 337050 | 1- | STATE | per F.H | | DEPART | MENT OF H | E OF MARYL IEALTH AND | | | 5 | 3 | 2 4 | . 2 | 54 |
|--|--------------|--|--|----------------------------------|---------------------------------|--|---------------------------|--|---------------------------------------|--|-------------|------------|--------------------------------|-----------------------|
| Jan Sun A | | REGISTRAR CEASED NAME PE OR PRINT) | Samue 1 | | Joseph | | Querc Queri | io | 2a. D. | REC ATE KNOW DF ESTI- ATH MATEI | | 11/25 | | 120 H 02 |
| ARY, PLEATON OF THE AND | - | ale | White | Jun. 10 | , 1925 | 6 AGE (IN YEA LAST BIRTHDA 60 YR | MONTHS DAYS | | MIN. PRON | OUNCED DEAD | | 11/25 | 19 8 | 10 02 |
| NECESS FUNERA 5 FOOR 5 FOOR | N€ | RTHPLACE (STANCE OF THE PROPERTY) | | U.S.A. | | | MARRIED WIDOWED X | DIVORCE | Pr | ince (| Georg | e's C | Count | у мс |
| 11 | 1 | Greenbe | | 3C E | astway | Road | OR OTHER INSTI | ITUTION | Reprod | CCUPATION F WORKING LIFE UCTION | Cle: | rk Te | KIND OF B OR INDUS AMS C | USINESS TRY ETS |
| | 3a. S | laryland | Prince | George | 's Gre | or town teenbelt | 13d INSID | ** | 3C Ea | stway | Road | | 20770 | |
| EALTIMORE, MD. 21201 S. AFTER DEATH. IF AND GIVE PACES 1, 2, MD. TH. FORM, PW. 3, RETA PACES 1, NY 2, FO. WISIONLOF VITA RECO |) 16a \ | THER'S NAME FIRST Joseph WAS DECEASED | EVER IN U.S. ARA | 2 | | LAST LEFI-CO CIAL SECURITY | | THER'S MAIDEN FIRST Nancy DRMANT | Duercio | ADD | ŖESS | Ci | me111 | uca |
| JRS AFTE B. GIVE WITH R DIVISIO | Ye | S-Navy | DEATH (Enter onl | ly one cause per l | | -14-022 | 2 Sam | antha 🍳 | uerico | (Daug | hter | | APPROXIMA | TE INTERVAL |
| , 201 W. PRESTON S CUTED WITHIN 24 HC CUTED WITHIN 24 HC EXAMINER ALONG RAL-TRANSIT PREM DIN, OR REMOVAL | FIRST. | Condition gove rise | s, if ony, which to immediate stating the <u>under</u> - | TE CAUSE (o) | OR AS A CON | Nyocard | | ase. | | | | | | HIAGO DONA 133 |
| ECORDS BE EXE NDING KEDICAL S A BU NITH AN NITH AN | NOI | PART 2 OTNER SIG | NIFICANT CONDITIONS | None | ATH BUT NOT RELA | ITEO TO THE TERMI | NAL DISEASE DR (DNDI | ITIDN GIVEN IN PART | [] (a). | | | | | |
| DIVISION OF VITAL RECORDS, 201 S CREHICATE SHOULD BE EXECUTE RETING THE WORD "PENDING" IN I ROED TO THE CHIEF MEDICAL EXA RES SHOULD BE USED AS A BURIAL EDEMANMENT OF WALTH AND M SYSPECET OS BURIAL I | TIFICAT | | ne | 130 | 3 | WHICH OPERA | ATION WAS PERF | ORMED? | | | | 20 | YES [| |
| ON OF THE CATE OF THE W HOULD B ARTIWEN | ICAL CE | | OR G CAUSE OF D | HOUR A | P.M. | DAY YEAR | 21c. HOW INJU | None | (ENTER NATURE | OF INJURY IN ITE | M 18 PART I | OR PART 2) | | |
| DIVIS THIS CER WRITIN WARDED PACE 3 S TATE DE 2120/PR | MED | 214 INJURY OF WHILE AT WORK | | | E OF INJURY FACTORY, FARM, E | | 211 LOCATION STREET | | СПҮ | OR TOWN | | COUNTY | | STATE |
| TO MEDICAL EXAMINEE: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: BATTWOSE MARYLAND: | | 220. I certify death resulte ACTUAL SYGNATURE 2 EXAMINERS ACTUAL | 20 | e of the remains of al causes X, | Accident | O. Suid | M.D. D | Inspection micide E(SPECIFY) eputy 1919 S Silver | UndetermineMEDICALE | EXAMINER V Road | , | IGNED | 11/2 | |
| 07/84 BP | ?3a.B | URIAL CREMAT PECIFY) Buri | ION, REMOVAL 2 | | 23c. N | NAME OF CEM | etery or crema Veteran | atory s Cem. | 23d. LOCATION CITY OR TOW Chelt | enham | Р. | COUNTY G. | Mary | |
| DHMH - 17 (VR A15 ME (5)) | | | asch's S imore Av | | | | | 25a. DATE RE | 29 9 | STRAR 256 | REGISTRA | AR'S SIGNA | ATURE | 1 |



318052

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

| 3. SEX 7a. BIRTH | FEMALE | MARGAF I. RACE | RET | Rai | AST | 2a. DATE OF DEATH | MONTH DAY | YEAR | 2h HOUR | |
|-------------------|--|--|---|------------|---|-------------------------------------|---------------------------------------|--------------|-------------------------------------|--|
| 3. SEX 70. BIRTH | FEMALE | | | Rai | 1-1. | | | | | |
| 7a. BIRTH | FEMALE | I. RACE | | / > ' | nsdeN | NOVEMBER | 110 | 185 | YAM | |
| Et. | | | | 5. DATE O | | 6 AGE (IN YEARS LAST BIRT | | UNDER I YEAR | HOURS MIN. | |
| Et. | HPLACE I STATE OR FOREIGN | WHIT | | | ber 3,1906 | 79 | YRS | | May. | |
| | JNTRY) | L CITIZEN OF WHA | T COUNTRY? | MARRIE | NEVER MARRIED | 9 BALTIMORE CITY OF | R COUNTY O | OF DEATH | | |
| 40 CITY | DODGE, IOWA | U>F | 3- | WIDOWE | D DIVORCED | Prince (| scorg | corges MD. | | |
| AL | OR TOWN OF DEATH | | PITAL, NURSING | | R OTHER INSTITUTION | 120 USUAL OCCUPATION | | 12b. KIND O | F BUSINESS OR | |
| 100 | -ciorel | A STATE OF THE STA | | | ILLE HOSPITAL | HOMEMAKER | | OWN H | OME | |
| 3a. STA | RESIDENCE (IF NURS OR OUN | TY 13c. | RESIDENCE BEFORE AL CITY OR TOWN ASHINGTO | 1 | 13d INSIDE CITY LIMITS? YES X NO | 13e STREET ADDRESS / 4419 WESTOV | ZIP CODE VER PLA | CE N.1 | W. 20016 | |
| 14. FATH | HER'S NAME | NDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | NIDDLE MIDDLE | | LAS | , | |
| CHA | | | ARRISON | | SARAH | ELLEN | | | HONEY | |
| | S DECEASED EVER IN U.S. ARA | WAR OR DATES | SOCIAL SECURI | ITY NO. | 17 INFORMANT | 508 ^{DD} LE | THBRID | GE CT | 21108 | |
| NO | | _ | 9.18.59 | 32 | MARY R. PARVI | S (DAUGHTEF | R) MILL | ERSVI | LLE, MD | |
| 9 c | Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost | DUE TO, OR AS DUE TO, OR AS (c) | A CONSEQUEN | ICE OF | Inferction mal deel NOT RELATED TO THE TERMI | | DITION GIVEN | | IMATE INTERVAL ONSET AND DEATH | |
| - E | | | | DED LEGO | | - Landard Control | Tan 15 VEC 1 | VEDE EN ID | | |
| CERTIFICATION 130 | a. DATE OF OPERATION | 196 CONDITION | N FOR WHICH O | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, V IN CERTIFYII YES | NG CAUSES | OF DEATH? | |
| CAL CAL | In. ACCIDENT WAS UNDERLYING DR CONTRIBUTING AUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER) | HOUR A.M. P.M. | MONTH DAY | YEAR 19 | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | OR PART 2) | | |
| | WHILE NOT WHILE TWORK | | ACTORY, OFFICE, FAR | M, ETC) | STREET | CITY OR TOV | WN | COUNTY | STAY € | |
| 22 | 20 I certify that (I) (this haspit saw the deceased alive on above (I) (we) (did) (did not | 11/1 | 0 19 8 | J, on | d that in (my) (our) opinion of | eoth occurred on the do | te and hour o | | that (I) (we) lost couses stated | |
| 22 | 26 SIGNATURI Har | golic | MI | 0 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | | 22c. DATE | SIGNED O/ST | |
| 22 | John MARC | FOLÎS! M | 0 | | 14333 La | wel bown | 207 | 08 | 307 | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

NOVEMBER 1985 230. BURIAL, CREMATION, REMOVAL

CREMATION

SECURITY PROCESS,

23d LOCATION
CITY OR TOWN
CATONSVILLE

BALTO. MARYLAND

Singleton Funeral Home, Glen Burnie, Marylan REGISTRAR 356 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Stocks 78 2 L III the the left are there the same have been as well

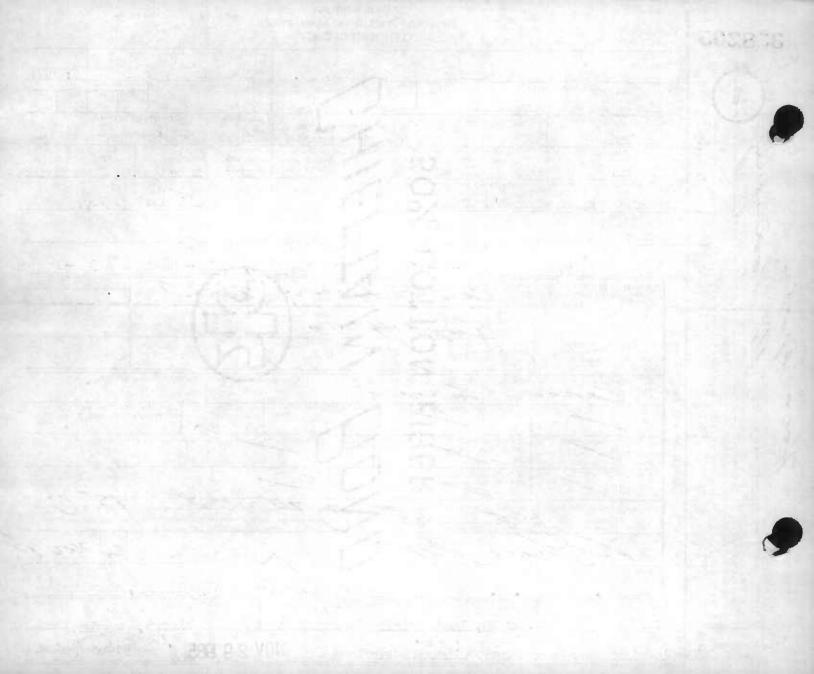
INC.

FUNERAL HOME,

(VRA 15, 4)

308157 BU IN. 11/26/ES wenley Chapel Neth Book Hall Rent Macylend

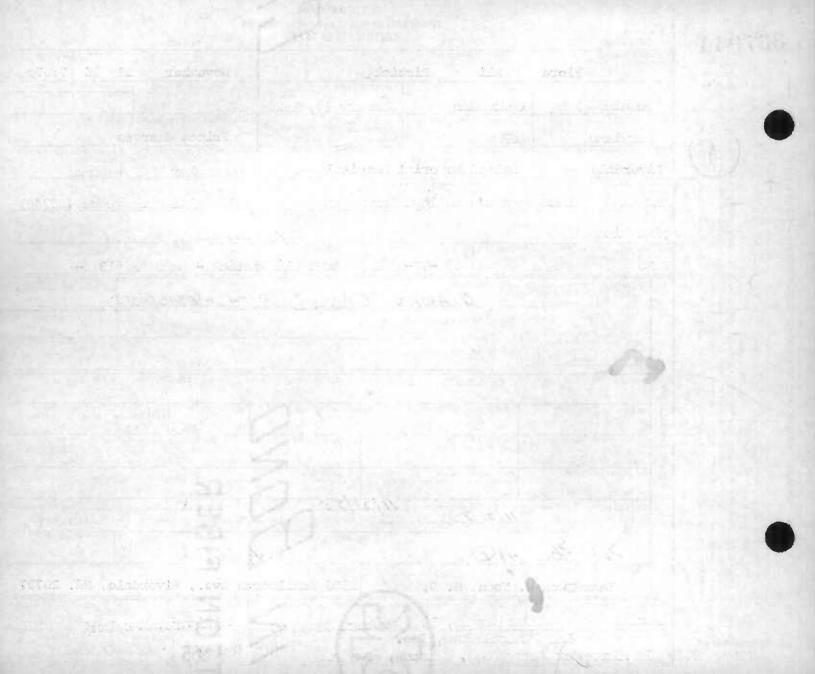
| | | | 500 | | | | | AARYLAND | | 3 | 2 4 2 | 1 |
|------|--|---------------|------------------|--------------------------------------|------------------------|--------------------------------------|--------------|----------------------------------|------------------|---------------|-------------------------------|----------------------------------|
| | | 11- | FOR STATE | | | | | AND MENTAL | | | | |
| | 330040 | | REGISTRAR | E FIRST | WED | ICAL EXAMIN | JEK.2 | | OF DEATH | REG. NO | | 100 |
| | 000010 | | CEASED NAM | | | WIDDLE | | LAST | OF | E KNOWN X | | AR 26 HOUR |
| V | ET S. | | | LEON | | L. RI | | | | H MATED | 11-4-85 19 | M |
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| | IS NECESSARY, PIE E FUNERAL OFFICE E 5 FOR YOUR PIE | W | ashing | ton, DC | USA | | WIDOV | VED DIVOR | ED XX Pri | nce Geo | rge's Coun | tv MD |
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| | NON THE COLLEGE TH | S | | | LOUIL F.M. | 17 | | CATION . | Jea aui iii | y arter | Cation | |
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| | MINING MI | | death result | od fram: Nature | al causes 4 | Accident Si | uic de | , Homade . | Undetermined | manner, | | |
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| | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, | 1 | (TYPE OR PRI | NI) | | | | ADDRESS | | | | |
| | FOSTA9 | 230.B | URIAL, CREMA | TION, REMOVAL 23 | Bb. DATE | 23c. NAME OF CE | | | 23d. LOCATION | 1 | COUNTY | STATE |
| | 7/84 BP | | urial | | 11-9-85 | Rich F | amil | y Cometa | M | ntros | S | Va. |
| - | DHMH - 17 | | NAME | | ADDRESS | .E. Wash | . DC | | REC'D. BY REGIST | | STRAR'S SIGNATURE | 4 |
| | DHMH - 17 | R | NAME | G. Maso | n F. H. 1 | 661 Good | Hone | RANDV 1 | 0 1085 | 4 ha Day | idson-Randell | 4 |



Old Alexander Ferry Road, Clinton, Maryland

DIVISION OF VITAL RECORDS, 201 W.

(VRA 15, 4) 663B



- STATE REGISTRAR

STATE OF MARYLAND

| EPARTMENT | OF H | EALTH | AND | MENTAL | HYGIENE |
|-----------|------|-------|-----|--------|---------|
| CE | RTIF | ICATE | OF | DEATH | |

DECEASED NAME 20 DATE OF DEATH November 20 1. 19850. TYPE OR PRINT Rodgers, Jr. Henry David RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 15 1926 59 caucasian Male A BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA Wash., D.C. Prince Ceorges County MD WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired Laurel Greater Laurel Beltsville Hospital USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE P.G. Laurel 134 INSIDE CITY LIMITS? 5807 Maple Terrace Md. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME DiCamillo David RodgersSr Henry 6 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT LIEYES GIVE WAR OR DATEST 579-26-4382 Betty Rodgers yes 18 CAUSE OF DEATH (Enter only one couse per line for 10), 1b), and ic. PART I. DEATH WAS CAUSED BY CARDIO RESPIRATORY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MY UCAR DIAL IN FARCTION. Canditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 BUPALS SYKGERY MYOCARDIAL INFARITION 8 20a AUTOPSY? 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. 11. 20. 19 85 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN 22e ADDRESS 0798

DHMH - 16 60M 7/84 (VRA 15, 4)

pa

24 FUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY Md. Vets Cemetery

Ma. Crownsville A.A.

SPRING EL 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CITY OF TOWN

STAFF

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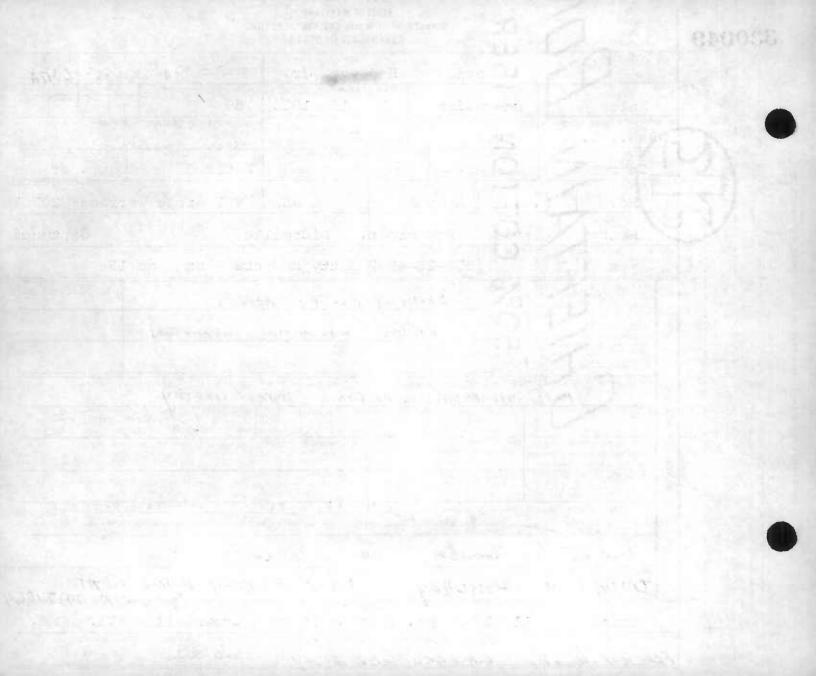
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ON IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

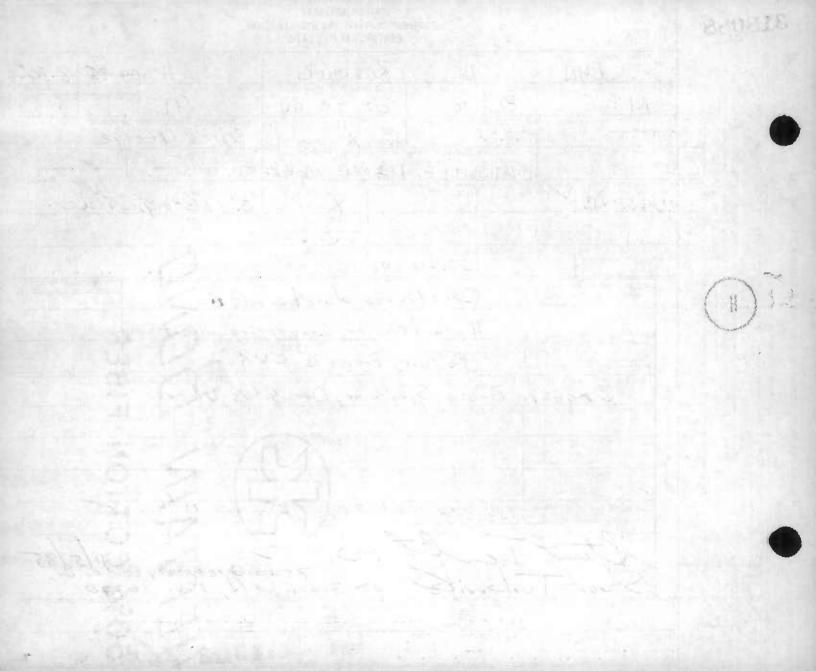
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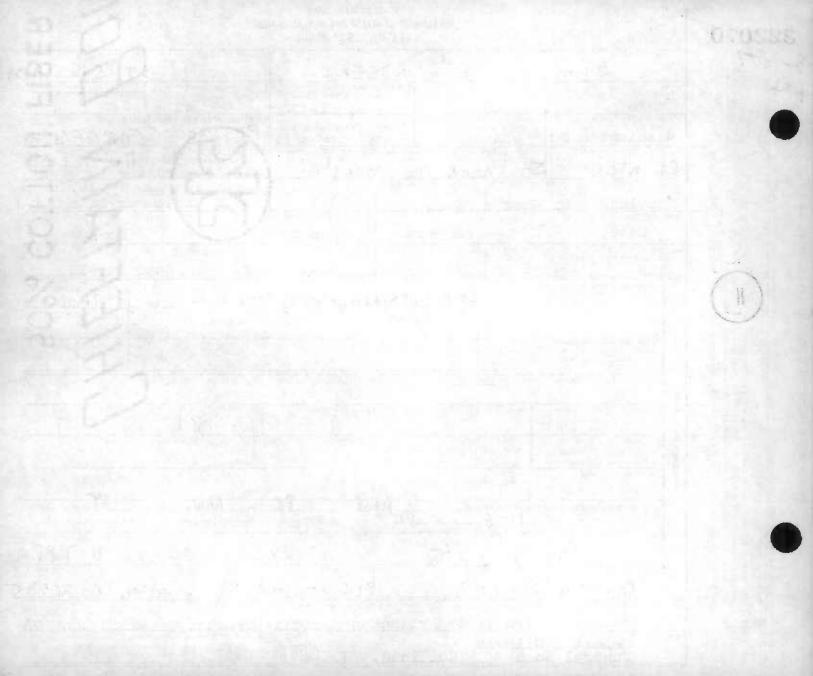
STATE OF MARYLAND 318088 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDIE 20. DATE OF DEATH 26 HOUR TYPE OR PRINT! 85 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 28 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED VRIGINIA U.S.A. Prince George WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HYATTSVILLE AGG HOME FED. GOV.-RET. MANOR POST OFFICE GIVE RESIDENCE BEFORE ADMISSIO OUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 30176000 FATHER'S NAME 15. MOTHER'S MAIDEN NAME (UNKNOWN) JENNIE ROEBUCK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 16h SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 -60-692 THOMAS ROEBUCK-SON 3017 GA. AVE., N. W. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART ! DEATH WAS CAUSED BY ere provescular/ IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the Failur, Previous CVA. underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 US VICEV. Drain 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. 7 a y 10-22-85 saw the deceased alive on and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 170 ADDRESS 7 5000 Greenway Center Dr Green be 20770 230 BURIAL, CREMATION, REMOVAL 73h. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY BURTAT. 11/9/85 MARYLAND NATTONAL SAUREL. MARYLAND 24 FUNERAL DIRECTORMORROW & WOODFORD, INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Like Krie & 1622 11TH. ST., N. W. WASH., D. C. 20001



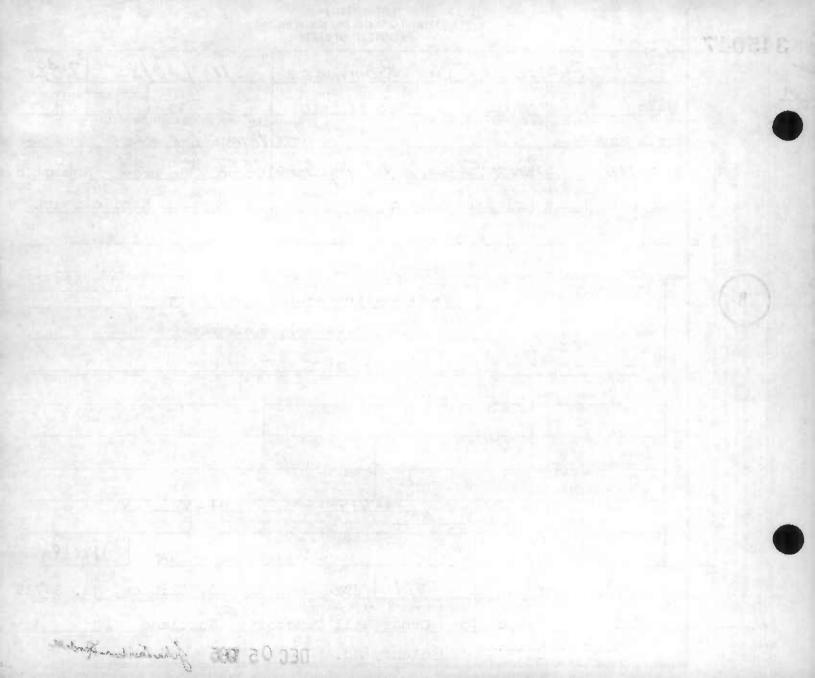
Suitland,

Funeral Home

(VRA 15, 4)



| ,,, | 1- | FOR STATE REGISTRAR | | DEPARTMENT OF HI | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | | 3243 |
|-------------|---------|--|--|--------------------------|---|------------------------------------|--|
| 7 | | CEASED NAME FIRST | MIDDLE | | AST | REG. NO. | DAY YEAR 26 HOUR |
| | (TYPE | OR PRINT) | NK | DI R | OMINGER. | 11/2 | 8/85 7:38 |
| | 1. SE | | 4. RACE | 5 DATE O | F BIRTH | 6 AGE (IN YEARS LAST AIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | M | ale | White | Oct | 23 1910 | 75 | |
| SIN | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT C | OUNTRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY OR CO | |
| U | | rth Carolina | USA | WIDOWE | | TRINCE GE | OKGES. ME |
| 1 | 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITA | | ROTHER INSTITUTION | 12a USUAL OCCUPATION | 126 KIND OF BUSINESS OR INDUSTRY |
| 10 | _ | -INTON | KATELE SOU | THERN ME | 1. Hosp Centre | School Bus | Driver School |
| 26 | | AL RESIDENCE (IF NURSING HOME O TATE 13b COU | | Y OR TOWN | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP | |
| 2 | - | | e Arundel | Lothian | YES NO | | s Mobile Court |
| 21 | 14. FA | THER'S NAME FIRST | WIDDLE | LAST | 15 MOTHER'S MAIDEN NA | WE | LAST |
| 4 | _ | EE | | ominger | Alice | | Thompson |
| 17 | | /AS DECEASED EVER IN U.S. AI | RMED FORCES? 166 SO | CIAL SECURITY NO. | 17 INFORMANT | ADDRESS | |
| 1 | | Yes WW | II 577 | -09-2933 | Marion | J | Rominger |
| | | 18 CAUSE OF DEATH (Enter o | nly one couse per line far i | a), (b), and (c).) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| or other tr | | gave rise ta immediate couse (a), stating the underlying couse last. | | u Chlonic | | my discon | |
| mjury. | NO | 1/2 | Α . | Mane L'an | NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITIO | N GIVEN IN PART 11a |
| 9 | TIFICAT | 190 DATE OF OPERATION | 196 CONDITION FO | OR WHICH OPERATION | N WAS PERFORMED | | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO |
| 9 | CAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | AIR | Y DNTH DAY YEAR 19 | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITI | EM 18 PART I OR PART 2) |
| 1 | MEDICAL | 214 INJURY OCCURRED NOT WHILE AT WORK | 21e PLACE OF INJUI (AT HOME STREET, FACTO | | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | | 220.1 certify that (1) (this hosp | | | -6 45 19 YS | , to | 19 YS , that the (we) lost |
| | | sow the deceased glive as above, (1) (we) (did)/did p | at view the bady after dec | 19 Y) on | d that in (my) (our) apinion | death occurred on the date on | d haur and from the causes stated |
| | | 22b. SIGNATURE | Ada II. | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e ADDRESS | | |
| 1 | | Louis Kar | ufman MD | | 8926 Wood | yard Rd, Cl: | inton, Md. 207 |
| | | URIAL, CREMATION, REMOVA | | 23¢ NAME OF CI | EMETERY OR CREMATORY | 23d LOCATION | |
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| 7/B4 | | INERAL DIRECTOR | | | 25a. DA1 | TE REC'D, BY REGISTRAR 256 R | |
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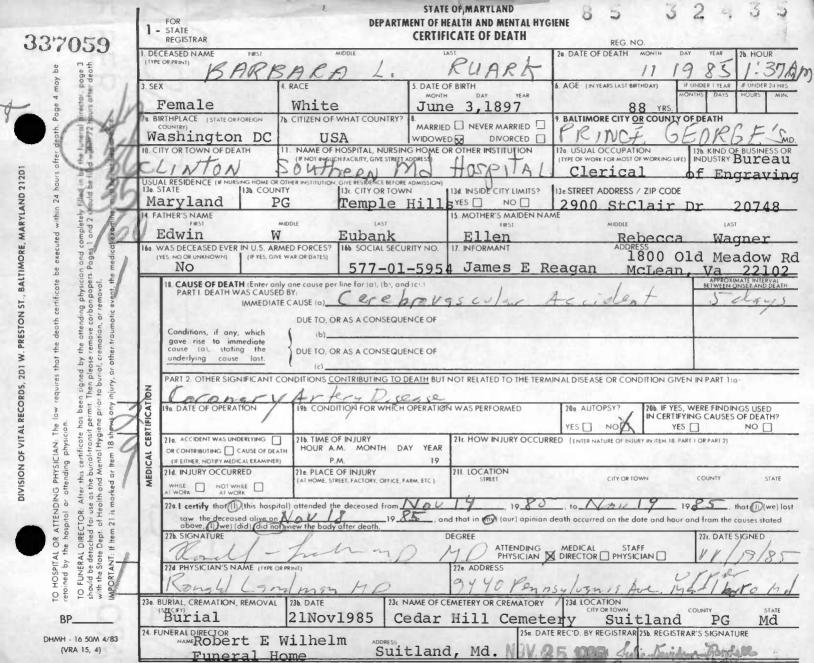


Norman Funeral Home, Goochland, Virginia

(VRA 15, 4)

STATE OF MARYLAND

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|--|---------------|---|---|--|---|--|
| 14 | | CEASED NAME OR PRINT) | ETTA C | RUMMAGE | 20 DATE OF DEATH MON 11 | |
| 10 | 3. SEX | emale | A.RACE Caucasian | 5. DATE OF BIRTH MONTH June 17 1931 | 6 AGE (IN YEARS LAST BIRTHDAY | MONTHS DAYS HOURS N |
| 15 | | RTHPLACE STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | | PRINCE GEORG | DUNTY OF DEATH |
| hourt | | LINTON MD | 11. NAME OF HOSPITAL, NURSING INFO THE SUCH FACILITY, GIVE STREET SOUTHERN MARYL | NG HOME OR OTHER INSTITUTION ADDRESS) AND HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO) Guidance Cou | RKING LIFE) 12b. KIND OF BUSINESS INDUSTRY nselor P.G. Sch |
| must be | 13a S | TATE 13b COL | OR OTHER INSTITUTION GIVE RESIDENCE BEFOR JNTY 13t. CITY OR TOV Ce Georges Camp S | VN 1136 INSIDE CITY LIMITS? | | Washington Dr. |
| exemine | | THER'S NAME FIRST Stephen | MIDDLE LAST Formul | | ME MIDDLE | Skladzien |
| medica | 16a V | (IF YES, C | REMED FORCES? 166 SOCIAL SECULAR OF DATES) 185–24–8 | | Rummage, Sr. | George Wash.Dr. Camp Springs. N |
| to burial, creman | N | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT URINA | | ENCE OF DEATH BUT NOT RELATED TO THE TERN JFG-T10N | INAL DISEASE OR CONDITIO | ON GIVEN IN PART I 10 |
| ows ony in | CERTIFICATION | 190 DATE OF OPERATION | | OPERATION WAS PERFORMED | 200 AUTOPSY? 200 | D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| Mentol Hyg or Item 18 sh | | 2 10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN | BEATH HOUR A.M. MONTH D | AY YEAR 19 | RED (ENTER NATURE OF INJURY IN I | TEM 18 PART 1 OR PART 2) |
| orked or | MEDICAL | 21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, | FARM ETC.) 21f LOCATION STREET | CITY OR TOWN | COUNTY STATI |
| ofe Dept. of Healt T. If Hem 21 is mo | | sow the deceased alive of | on 19 of the body offer death. | DEGREE | death accurred on the date o | nd hour and from the causes stored 22c. DATE SIGNED 1) 30 \(\) |
| IMPORTANT; I | | Gurbux H. Na | achnani, M.D. | 22e ADDRESS | ard Rd. Clinto | |
| ₹ 1 | 23a. B | URIAL, CREMATION, REMOVA | 12/4/85 23c St | NAME OF CEMETERY OR CREMATORY Adelbert's Cemet | 23d LOCATION env Glen Lyon | Luzerne Penna |

George P. Kalas Funeral Home Oxon Hill, Md. 250. Date REC'D. By REGISTRAR'S SIGNATURE Oxon Hill, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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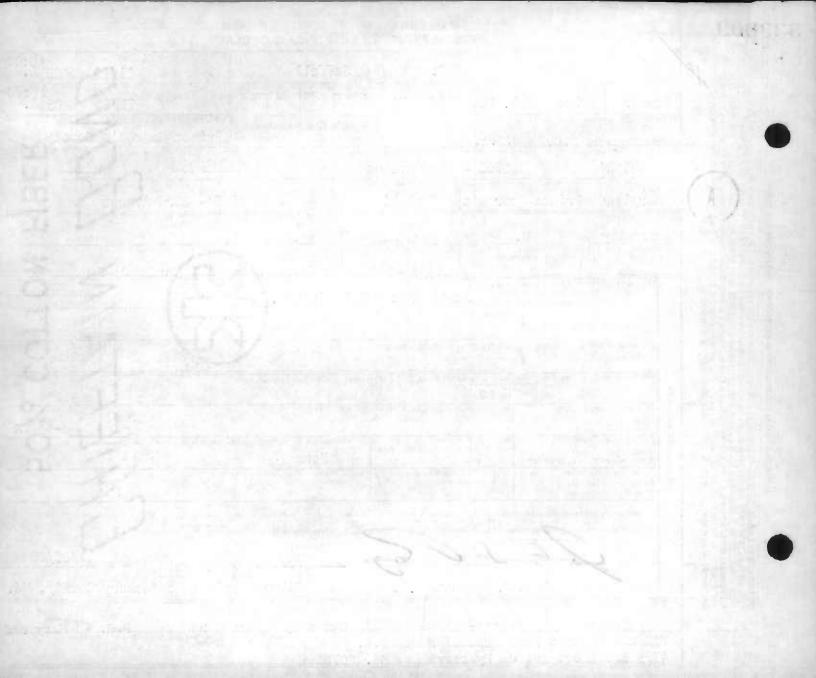
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George J. . Les Staary House Coop dill. Md. . .

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Ferrand Panels



MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| ١ | 1- | FOR STATE REGISTRAR | | DEPAR | | EALTH AND MENTAL FI | HYGIENE | REG. | NO. |) Gu | | | |
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| I | | Female | Whit | re | 6 | 29 1890 | | 9. | 5 YR | | J. J | , iooks | , |
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| 1 | | Austria | USA | | WIDOWE | | | rince G | eorgo | es Co | nuntv | | MD |
| 1 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF | | ING HOME | OR OTHER INSTITUTION | 12a U | ISUAL OCCUPA | TION | 12 | b. KIND C | FBUSIN | |
| 1 | Hy | desville | | HEACHITY, GIVE STRE | | ng Home | {TYPE | of work for mos Homemak | er | NG LIFE) IN | | emak: | ing |
| | | AL RESIDENCE (IF NURSING HOME O | R OTHER INSTITUTION | GIVE RESIDENCE BEFO | ORE ADMISSION) | === [] [] [== ==] | 1 | | | 3.47 | | | |
| I | _ | yland Balt | imore | 13c. CITY OR TO | WN | YES NO | | 202 Hen | ry Av | venue | 2 | 1236 | |
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| f | | 18 CAUSE OF DEATH (Enter o | nly one cause per | line for 10% (b), o | and (cs.) | // | 1 | 1 / | | | APPROX BETWEEN | MATE INTE | RVAL |
| ı | | PART I. DEATH WAS CAUS | ED BY. TE CAUSE (0) | (M | 146571 | VU MEA. | 128 | 7 19116 | سگ | | un | mes | - |
| I | | Wille | | R AS A CONSEC | NEMCE OF | 11. | | 11. | | | 1. | | |
| ı | | Conditions, if ony, which | (b) | | hrm | ie Tep | NK | Vis | | | 14 | ~ | |
| ١ | | gove rise to immediate cause (a), stating the | DUE TO O | R AS A CONSEQ | UENCE OF | | | | | K | | | |
| ı | | underlying couse lost. | ((0) | N AO A COMBLE | 02,102,01 | | | | | | | | 199 |
| ı | | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE T | ERMINAL | SEASE OR CO | NDITION | GIVENII | PART 1 | 0 | |
| 1 | O. | Cere | trul | 1 Mas | mes | CO | | | | | | | |
| 1 | CERTIFICATION | 19a. DATE OF OPERATION | 196 COND | TION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 | AUTOPSY? | | | RE FINDI | | |
| 1 | E E | | | | | | YE | S NO | 11100 | YES [| CAUSES | NO [| |
| 1 | CER | 210. ACCIDENT WAS UNDERLYING | | F INJURY M. MONTH | DAY VEAD | 21c. HOW INJURY OCC | CURRED (E | NTER NATURE OF IN | JURY IN ITEM | A 18 PART I | OR PART 2) | | |
| 1 | AL | OR CONTRIBUTING CAUSE OF DE | AIH | M. MONTH | 19 | | | | | | | | |
| ı | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATION | | CITY OR | TOWN | | COUNTY | | STATE |
| 1 | 2 | WHILE NOT WHILE THE AT WORK | (AT HOME, ST | REET, FACTORY, OFFICE | E, FARM, ETC } | SIRREI | 1 | CHTOR | , | / | .001411 | | TAIL |
| I | | 220 I certify that (I) (this | al) ottended, th | e deceased from | N | 19 8 | 7 10 | NOV | 20 | . 19 | 10 | that (I)- | (Te) last |
| ı | | sow the deceased alive a | | 26 | 65.0 | nd that in (mp) (our) opin | nion death | occurred on the | date and | hour one | from the | couses st | ated |
| ı | | obove, (I) (we) (did) (did n | of) view the body | after death | V | DEGREE | | | | | 22c DATE | SIGNED | 7 |
| ı | | (/m | 2/ | 110 | 2/00 | ATTENDING PHYSICIAN | | CTOR PHYS | AFF | | 11/2 | 28/ | 03 |
| + | | 224 PHYSICIAN'S NAME (TYPE | OR PRINT | 100 | 1 | 22e ADDRESS | N CONTRO | CIOK PHI | IICIAIN _ | 1 | / | 9 0 | |
| 1 | | | s Foste: | r. MD | | | | | | | | | |
| + | 23a D | URIAL, CREMATION, REMOVA | | | NAME OF C | EMETERY OR CREMATO | DV [23 | LOCATION | | | | | |
| | . Jul 0 | SPECIFY) Burial | 11-30 | | | olv Redeeme | | Baltin | ore (| Cit. | UNTMAT | vlan | TE |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 350 REGISTRAR'S SIGNATURE
DEC 3 1995 Stoke Davidson Rando 7401 Bel AIR BALTO. Md.

whia Davidson Randelle

TO DE SIGNEDO 10 TE 11 33 HZ 11 Thornwood IX out orth of the 3 3m77 all-perfet and lander 201 jours ave. Elejo

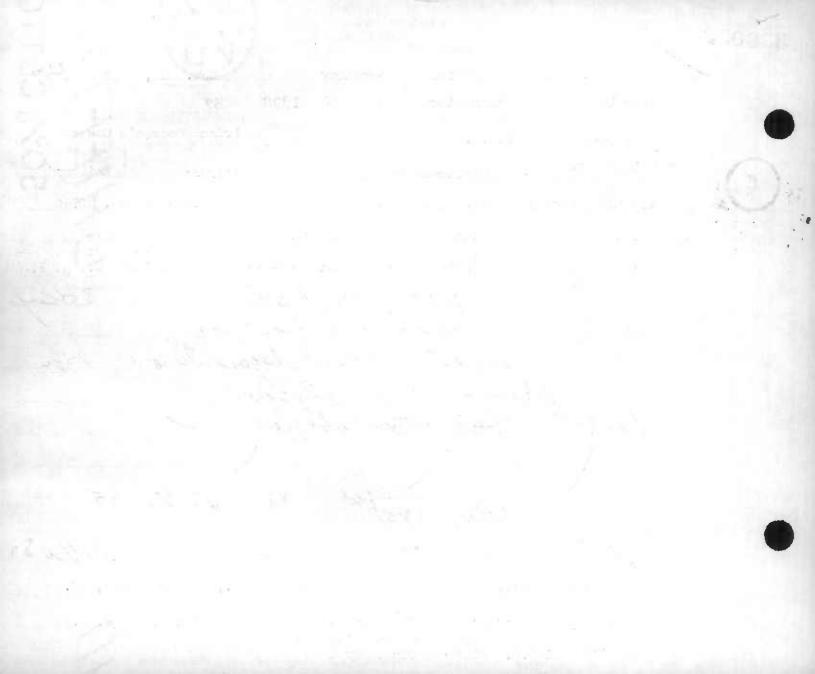
Janua Poutsup, III ballyman , will exemising the record you method they are they are Les wall street and a state of the state of the same a world

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 336012 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 24 HR MONTH COAY YEAR 03 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED TOWA Prince Georges WIDOWED DNORCED [126. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH INDUSTRY A.T. & T. Retired 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Pima 4450 E. Poe Street Arizona 8571 Tucson 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Waddell George Schmidt Hannah ADDRESS 12313 Manvel Lane In WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 521-03-9468 Carol A. Backus Bowie, Md. 20715 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),1 PART I. DEATH WAS CAUSED BY MONDA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 1 reprosount 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [710 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71e. PLACE OF INJURY 211. LOCATION 71d INJURY OCCURRED CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased fram and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) well (did) (did nat) view the bady after death. DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 1000000 E Dagw 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE CITY OR TOWN Transit Burial Dec 2 1985 East Lawn Cemetery Arizona Tucson Pima 250 DATE REC'D! BY REGISTRAR SAMEGUSTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 16000 Annapolis Road DHMH - 16 50M 4/83 (VRA 15, 4) Beall Funeral Home Bowie. Maryland

Hines/Rinaldi F.H. Silver Spring, Maryland

(VRA 15, 4)

STATE OF MARYLAND



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | STATE REGISTRAR | | | DEPARTA | | ICATE OF DEATH | | EG. NO. | | 1 |
|---|---------------|--|-------------------|--|---------------------------------|-----------|---|--------------------|----------------------------|---|----------------------------------|
| 8 | | CEASED NAME | FIRST | A | AIDDLÉ | | AST | 20 DATE OF DEA | | DAY YEAR | 2b HOUR |
| 1 | | | va | | izabeth | P | SEELEY | Novembe | | 85 | 6:35PM |
| | 3 SE) | Female | | 4 RACE Whit | e | 5. DATE O | | 6 AGE (IN YEARS L | AST BIRTHDAY) YRS | MONTHS DATS | HOURS MIN. |
| 0 | 7a BI | RTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE C | | | |
| 7 | | Y. State | | U.S.A | ١. | WIDOWE | | Prince | George! | s County | . AAD |
| 2 | | TY OR TOWN OF DEA | | (IF NOT IN SUC | H FACILITY, GIVE STREET | G HOME (| OR OTHER INSTITUTION | 120 USUAL OCCI | UPATION MOST OF WORKING | 12b. KIND O INDUSTRY | F BUSINESS OR |
| - | | anham AL RESIDENCE (IF NORS | | | ' Hospita GIVE RESIDENCE BEFORE | | Pr. Geo. Co. | Housewi | re | Own | Home |
| 2 | 13a. S Ma | ryland | P.G | TY | New Carr | N | | | | Drive 2 | 0784 |
| 0 | | THER'S NAME FIRST | , | MIDDLE | Stross | | 15. MOTHER'S MAIDEN NA. FIRST Augusta | | DOLE | Wolla | r |
| | | VAS DECEASED EVER | | | 166. SOCIAL SECU | RITY NO. | 17 INFORMANT | A | ADDRESS 60 | 06 39th. | Place |
| | No | YES, NO OR UNKNOWN) | (IF YES GIVE | WAR OR DATES) | 191-10-9 | 135-I | Mr. William | D. Seele | y Hyat | tsville, | Md.2078 |
| | | 18 CAUSE OF DEAT PART I. DEATH W | AS CAUSE | y one couse per 0 8Y E CAUSE (a) | rne) or (a), (b), and | lie | Voscur | lavie | Thron | BETWEEN | MAYE INTERVAL ONSET AND DEATH |
| | | Conditions, if any | which | DUE TO, OF | A A ONSEQUE | NCE OF | o clarates | Po | andb |). 4 | eas |
| | | gove rise to improve (D), stating underlying couse | mediate ng the | DUE TO, OF | AS A CONSPOUE | NCE OF | + con | ullas | - | - 4 | Own |
| | NO | PART 2. OTHER SIGN | nificant c | ONDITIONS CO | PATRIBUTING TO D | DEATH BU | NOT BE TED TO THE TERM | | CONDITION G | GIVEN IN PAN 100 |) |
| 2 | CERTIFICATION | 19a. DATE OF OPERA | TION | 19b. COND | TION FOR WHICH | OPE VIO | N WAS PERFORMED | YES NO | IN CERT | YES, WERE FINDIN TIFYING CAUSES YES | OF DEATH? |
| 9 | | 21a. ACCIDENT WAS UNI | CAUSE OF DEA | III | M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCURI | | | 8 PART I OR PART 2) | |
| | MEDICAL | 21d. INJURY OCCUR | RED | 21e PLACE (| | | 211 LOCATION STREET | CITY | ORTOWN | COUNTY | STATE |
| | | 22a. I certify that (I) sow the decease above, (I) (we) (a | (this hospit | | deceased from | 10- | 13, 1983 nd that in (my) (our) opinion | death occurred on | the date and he | | that (I) (we) last |
| | | 226 SIGNATURE | 1 |)(, | now | | DEGREE ATTENDING PHYSICIAN | MEDICAL PIRECTOR P | STAFF HYSICIAN [| NOV. | |
| | | 22d PHYSICIAN'S N | AME (HO | XII | | 10.7 | 22e ADDRESS | 47.19 | | | 1-8-8-11 |
| | | Ohanne | es Sah | akian M | .D. | | 5632 Annapol | lis Rd., | Bladens | burg, Mo | 20710 |
| | 23a B | URIAL, CREMATION, SPECIFY) Buria | | 23b. DATE 11/06/ | | / | EMETERY OR CREMATORY | 23d LOCATION | WN | COUNTY | STATE |
| | 24124 | rancis Gas | _ | | | TTIIgt | on National C | | | | n Virgini |
| | | 739 Baltim | | | ADDRESS | | | NOY 06 | 1965 | STRAR'S SIGNATI | of the second |
| | 7/ | JJ Dar LIIII | OTC W | cirue ny | arra ATTT | e, mu | . 20/01 | | U | | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for with the State Dept. of

MODELLE EAST DE TIME 43:32 .7 o of such the country of the country to constitute of P.G. tow Churchton x Fill For erest brive 10781 TRITA nifare is 2047 mod Little Some arth. eleca 191-10-9155-9 Pr. William E. Copley Mystisville, Md. 00782 Colober Variable Elections And the state of t 707. 4, 1085

4 may be

MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

ATTENDING PHYSICIAN: The law offending physicion.

TO HOSPITAL

BP_

hospital or

STATE OF MARYLAND

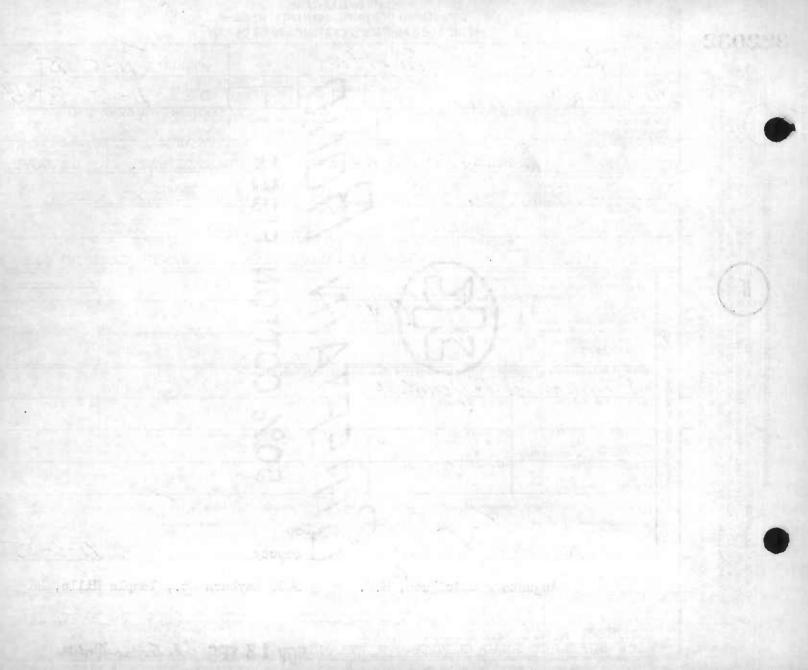
| 24 | MOECEASED NAME | FIRST | MIDDLE | į, | AST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HC |
|--------------|--|--------------------------------------|---------------------------|------------------|-------------------------------------|-------------------------------------|--------------------------------|
| 0 | (TIPECKININI) | rginia | E. | S | hea | 11-30-8 | 5 11 |
| 5 | 1. SEX | 4 RACE | | 5 DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATS HOUR |
| 1 | Female | Whi | te | | 1 4, 1917 | | RS |
| 1 | TE BIRTHPLACE STATE OF FO | REIGN 76 CITIZEN | OF WHAT COUNTI | RY? 8. | NEVER MARRIED | 9 BALTIMORE CITY OR COU | NTY OF DEATH |
| 1 | Washington, | D.C. U.S. | | WIDOWE | DIX DIVORCED | Prince George | 's County |
| ~ | 0. CITY OR TOWN OF DEAT | | OF HOSPITAL, NUR | | PROTHER INSTITUTION | 12a USUAL OCCUPATION | 126, KIND OF BUSI |
| 1 | Greenbelt | | enbelt Nu | | lome | Housewife | Own Home |
| \mathbb{Z} | USUAL RESIDENCE (IF NURSIN | G HOME OR OTHER INSTITUTE 3b COUNTY | 134 CITY OR TO | | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP C | ODE |
| 2 | Maryland | P.G. | Hyatts | ville | YES 🔀 NO 🗌 | 5214 42nd Plac | e 20781 |
| 1 | 14 FATHER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | WE | LAST |
| 17 | John | W. | | amara | Annie | Ε. | Garner |
| , | 160 WAS DECEASED EVER II | U.S. ARMED FORCES | | ECURITY NO. | 17 INFORMANT | | Ridge Road |
| | No | | 566-10 | -8025D | A. Kevin She | ea (Son) Greent | |
| 4 | 18 CAUSE OF DEATH | Enter only one couse S CAUSED BY: | per line for (a), (b) | ond ici | leto-Acid | 1 - 5 - 6 | APPROXIMATE IN BETWEEN ONSET A |
| | | MMEDIATE CAUSE (0) | | tie p | 1e10- He1a | 0 2 (7 | 1 wee |
| 1 | | DUE TO | OR AS A CONSE | / 11 | 10011 | | 6 inte |
| | Conditions, if any, gave rise to imme | | UNCON | 1 molle | d Diabete | 5 | 00,00 |
| Ŋ | couse (a), stating underlying couse | the DUE TO | OR AS A CONSE | QUENCE OF | and tract | Infection | 6 mas |
| | PART 2 OTHER SIGN | FICANT CONDITIONS | CONTRIBITING | | | INAUDISE ASE OR CONDITION | |
| 1 | | -21 - 2a 6 | -arcts | to Bo | th Peristal | Lobes | ONE THAT HE |
| 11 | 190 DATE OF OPERATI | ON 196. COI | NDITION FOR WH | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20b. II | F YES, WERE FINDINGS US |
| | 190 DATE OF OPERATI | | | | | YES NOTE IN CE | ERTIFYING CAUSES OF DE |
| 7 | 210. ACCIDENT WAS UNDE | - 110110 | E OF INJURY A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEA | M 18 PART I OR PART 2) |
| 7 | OR CONTRIBUTING C | OSE OF DEATH | P.M. | 19 | | | |
| 1 | (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE | | CE OF INJURY | ICE EARM FIC I | 211 LOCATION | CITY OR TOWN | COUNTY |
| | WHILE NOT WHILE | 3 | STREET, PACTORY OFF | CE FARM ETC) | / | | |
| | 220.1 certify that (I) (| this hospital) attended | the deceased fro | Y - V | | , to NOU. 30 | , 19, tho (1 |
| | sow the decepsed obove, (1) (we) (di | d) (did nat) view the bo | ady after death. | 9 <u>85</u> , or | nd that in (my) (our) opinion o | death occurred on the date and | hour and from the couses |
| | 225 SIGNATURE | 2 1/1 | 1-0- | - | DEGREE ATTENDING | MEDICAL STAFF | 22c. DATE SIGNE |
| | 1 homas | In House | Muy | 1 | PHYSICIAN [| DIRECTOR PHYSICIAN | 12-1-8. |
| | 22d PHYSICIAN'S NA | | | | 27e ADDRESS | 53 - 5 | Manuland |
| | | Hutchins, | | | | r Rd. Landover | , Maryland |
| 0 | 230. BURIAL, CREMATION, R | EMOVAL 23b. DATE | | | emetery or crematory ncoln Cemetery | 23d LOCATION CITY OR TOWN | COUNTY |
| | Burial | 12/ | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

Manfrey Id. Landover, Marchael 1121

T. Seachte Jone F.M. D.A. Huntteville, Mirriand | DEC | 5 1865 | The Prince |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEI FOR - STATE S CERTIFICATE OF DEATH REGISTRAR 322032 REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED S. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 7/22/36 DEAD 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OF MARRIED XX NEVER MARRIED FOREIGN COUNTRY) DIVORCED MARYLAND USA PRINCE GEORGES! IS CITY OR TOWN OF DEATH IMNAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY PLASTIC TEC. SUITLAND US GOVT 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO □ 3606 NEARBROOK AVENUE MARYLAND GEO FORESTVILLE I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FRENCH SHELTON RUTH COATS IDA 17. INFORMANT 166. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO YES KOREAN 217-34-0437 CHRISTINA L SHELTON SAME AS 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. E CHIEF MED BE USED AS NT.OF, HEALT 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? ARDED TO THE CHIEF ARDED TO THE CHIEF AGE 3 SHOULD BE USE ATE DEPARTMENT OF YES [216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, WR. PACE 4 SHOULD BE FORWAR. TO FUNKAL DIRECTOR, PACE ANTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 21/20. 22s. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Hornicide Dep death resulted fram-Natural causes Accident Undetermined manner Deputy MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Temple Hills, Md ADDRESS 5009 Rayburn Ct. 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 3d LOCATION BURIAL 11/8/85 MD VET CEMETERY CHELTANHAM PG MARYLAND 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE WILHELM FUNERAL HOME **DHMH - 17** 4308 SUITLAND ROAD SUITLAND MARYLAND NO (VR A15 ME (5))



| | | STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 | 4 4 |
|---------------------------------|--|--|--|
| 32 | 6049 | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | |
| | Banbe A | EASED NAME AND SOLD TO SOLD THE KNOWN MONTH DAY OF ESTI- DEATH MATED AND VILLE TO SOLD THE | YEAR 23HOW |
| GAS | PA FIE NO STREET | 5. DATE OF BIRTH 16. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED VOVIO | TION 3 THE |
| • | POR NAME OF THE PARTY OF THE PA | REGIN COUNTRY! The CIETZEN OF WHAT COUNTRY? WINDOWED DIVORCED DIVORCED DIVORCED | Vac MD |
| | PAGE 5 | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126. Retired G | KIND OF BUSINESS OR INDUSTRY OVERNMENT |
| 21201 | ANY DE STAIN OF THE STAIN OF TH | AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATING 136. CUTY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS YES NO 215-M2Va 2n3 | 20207 |
| RE, MD. | PART CONTRACTOR | | letze1 |
| BALTIMORE, MD. | AFTER DAYER PAGES 1. | vas deceased ever in u.s. armed forces? es, no, or unknown) III yes, give war or dates) 166. Social Security no. 17 Informant Address 230-42-1091 Jean Shorb same as 13e | |
| W. PRESTON ST., | WITHIN 24 HOUR ENCIL IN ITEM 18. WITH A LONG. TRANSPERSOR. NT HYGIER D. | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF | APPROXIMATÉ INTERVAL ETWEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 2011 | BE EXECUTED ENDING: IN PREDICAL EXAL AS A BURIAL-AND ME ALTH AND ME CREMATION. | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID | |
| VITAL R | SHOULD CHIEF TO HE BRIAL | None | AUTOPSY? |
| ONOF | G THE WC TO THE CHOULD BE HOULD BE ARTMENT | 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | |
| DIVIS | WRITIN WRITIN WARDED AGE 3 S ATE DEP | THE INJURY OCCURRED 210 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY | STATE |
| • | E CERTIFICATE, DULD BE FORW L DIRECTOR: H, WITH THE ST | 22e. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined monner , | 10/15/04 |
| | TO MEDICAL EXECUTE THE PAGE 4 SH TO FUNERA TO | SIGNATURE AMEDICAL EXAMINER SIGNED ADDRESS ADDRESS | |
| 07/84 | | DRIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY Burial 11/18/85 Washington Nat'1 Cem. Suitland P.G. | siMd. |
| 25M | DHMH - 17 (VR A15 ME (5)) | JNERAL DIRECTOR NAME ADDRESS ADDRESS | TURE |

ector, page 3

1 - FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| J | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 0. | | |
|---|---------------|--|---------------------|---|-------------|---------------------------------|--------------------------------|--------------------|-------------------------|----------------|
| | | CEASED NAME FIRST | | MIDDLE | | LAST | 20. DATE OF DEATH | ONTH DAY | YEAR 2 | h HOUR |
| 1 | (I YPE | MARIOR, | 119 | A. | 7 | MITH | 11179 | 85 | | 9:00m |
| | 3. SE | | 4. RACE | 11. | 5. DATE C | | 6. AGE TIN YEARS LAST SIE | | | F UNDER 24 HRS |
| J | | F | | W | OC | | 52 | YRS. | | HOURS MIN. |
| 1 | 7a. BI | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9. BALTIMORE CITY | R COUNTY OF | DEATH | 4 00114 |
| l | | ash., D.C. | U.S. | A | WIDOW | | RRInc | e Geor | ges | MD. |
| ٦ | 10. CI | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 128. USUAL OCCUPAT | | 12b. KIND OF | BUSINESS OR |
| | Ta | akoma Pk. | | ington i | | ntist Hosp. | Housewif | | | Home |
| | | AL RESIDENCE IN NURSING HOME OR STATE 136, COUN | | GIVE RESIDENCE BEFORE | | 113d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | 001 | 2/2/ |
| d | M | id. P.G | | Seabro | ok | YES NO NO | | th St | 21/1 | |
| ñ | 14. FA | ATHER'S NAME | AIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | WE | | LAST | |
| 4 | | | llen | Adams | | Ina | Marie | W | illia | ms |
| | | WAS DECEASED EVER IN U.S. ARA | MED FORCES? | 16b. SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ss Baltim | | |
| | | TO TESTON | . WAR OR DATES | 579-42-5 | 5169 | Marianne | | Belt | svill | e, Md. |
| • | | 18 CAUSE OF DEATH (Enter onl | | ling for (o), (o), one | dict.1 | 1 | | | APPROXIMA BETWEEN ON | ATE INTERVAL |
| 1 | | PART I. DEATH WAS CAUSED | DBY: E CAUSE (o) | (malo) | allu | CHARY HI | 1851 | | 304 | uca |
| ı | | in the second se | | |) cordon | 1, | 1 | | | |
| 1 | | 6 19: 9 | DUE TO, O | RAS A CONSECUT | | DUGULAM | (WICK CHOW) | 1 | 500 | 2007- |
| 1 | | Conditions, if any, which | (p)_ | riejusi | afic | Overing | Cu CI 40M | | Sin | CAUL |
| 1 | | cause (a), stating the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | |
| 1 | | underlying couse lost. | ((c)_ | | | | | | | |
| J | | PART 2. OTHER SIGNIFICANT C | ONDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 110 | |
| | CERTIFICATION | | | | | | | | | |
| | CAI | 198 DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20h IF YES, W | VERE FINDING | S USED |
| | E | | | | | | YES NO | YES [| | NO 🗌 |
| | CER | 210. ACCIDENT WAS UNDERLYING | 21b. TIME C | FINJURY M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | 1 OR PART 2) | |
| 9 | ¥ | OR CONTRIBUTING CAUSE OF DEA | IH . | M. MOITH DA | 19 | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE | | | 21f. LOCATION STREET | CITY OR TO | IWN | COUNTY | STATE |
| 1 | \$ | WHILE NOT WHILE AT WORK | (AT HOME, ST | REET, FACTORY, OFFICE, FA | ARM, EIC J | h + :0- | - 30 | 1 | | |
| | | 220.1 certify that (1) this hospit | ol) ottended th | e deceosed from_ | 10 | Sept 19 65 | | 100 19. | es , th | a (I) we) lost |
| | | sow the decease on over on above (we) (did did not | 29 40 | 19 2 | 30 | nd that in (my) (our) opinion o | death occurred on the d | ate and hour or | nd from the co | uses stated |
| | | 22h. SIGNATURE | 1 view the body | offer death. | | DEGREE | | | 22c. DATEST | GNED / |
| | | Mayor U | 4/0 | 111111111111111111111111111111111111111 | | MO ATTENDING PHYSICIAN E | MEDICAL STA | | 11/5 | 4/00- |
| | | 224 PHYSICIAN'S NAME PAPE OF | R PRINT) | muye | | 22e ADDRESS | DIRECTOR LI PHYSI | JAIN | 1/2 | 100 |
| | | THUMAS H. | REIN | unchen 7 | 5>5 | La porque de la | paid Dr | 110 Pa | pachol | TWD |
| | 23n F | BURIAL, CREMATION, REMOVAL | 23b. DATE | 22, N | IAME OF C | CEMETERY OR CREMATORY | 23d LOCATION | | | 20721 |
| | | (SPECIFY) Burial | | | | | CITY OR TOWN | | OUNTY | LUS KILL |
| | 24 FI | UNERAL DIRECTOR, | 112/2/ | 00 114 | t. 0 | livet Cem | WASIL E REC'D. BY REGISTRAR | ngton, | | DE . |
| | | NAMERendon/Ha | le Lar | ham Abush | eral | Home Gra | A 4008 | ME 12 75. 51. | Jan Ben | 1115 |

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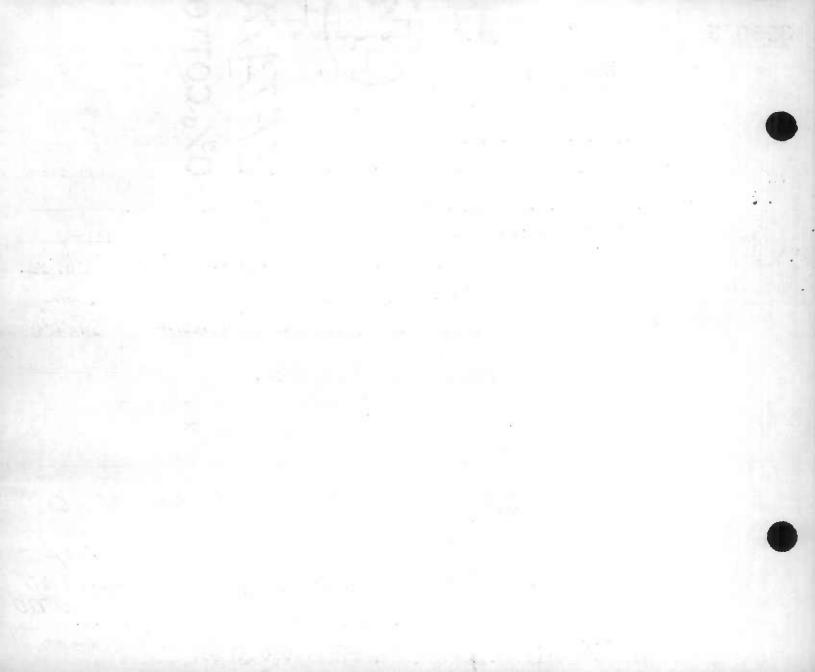
20706

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

9013 Annanolis Rd. Lanham

BP.



| | | 1. | FOR | | | DE | PARTMEI | | | ARYLAN | | GIENE | 5 | 0 | 2 | . 4 | O |
|--|--|---------------|----------------------------|----------------------|------------------------------------|-------------|--------------------|--------------|-------------|-----------------|---------------|---------------|------------------|----------------|---------|-------------|-----------|
| 33 | 1058. | | STATE REGISTRAR | | | | CAL EX | | | | | | REG | , NO. | | | -plants |
| 00 | > | 1. DE | CEASED NAME | FIRS | iT. | | NIDDLE . | | | LAST | | 2a. D. | ATE KNOWN | | H DAY | YEAR | 25 HOUR |
| | ET, SE | (111 | E OR PRINTS | STA | NLEY | G | | | ST | TRONG | | | OF ESTI- | O 11 | 17 | 19 85 | |
| | STREET STREET | 3. SE) | | 4. RACE | 5. DATE OF | BIRTH | | GE (IN YEAR | | | IF UNDER 2 | | DATE | MONT | H DAY | YEAR | 2d. HOUF |
| | ON STATE | FE | MALE | BLACK | 04/2 | | | 30 YR: | | 5 54.5 | HOUNG | (| DEAD | 11 | 17 | 19 85 | 9P M |
| - | NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 7 HOURS W. PRESTON STREET, | FO | RTHPLACE (S' | TATE OR | | | TCOUNTRY | ? | 8. MARRI | ED NEV | ER MARRIE | 9 BA | LTIMORE CIT | Y OR COU | NTY OF | DEATH | |
| • | ANT NOT I | | SHINGTO TY OR TOWN | | | -S-A | TAL NURSIN | IC HOME | WIDOW | | DIVORCED | Pr | ince G | eorge ' | S CC | ounty | ME |
| - | PAGE S | | | OFDEATH | (IF NOT IN | SUCH FACIL | ITY, GIVE STREET | ADDRESS) | | EK INSTITUT | ION | FOR MOST O | F WORKING LIFE) | | 0 | R INDUSTI | RY |
| 1 . | BE NEW TO | USUA | | | Rt. 4 | TION, GIVE | | RE ADMISSIO | | | | | LAGENCE | | _ | DVT. | |
| 1 | METALY DE LE CORDE | 13a. S MA | RYLAND | | P.G. | -77 | OXEN | | | 13d. INSIDE CIT | NO [| APT 4 | DDRESS 43 | 300 VE | RMI | -LION | AVE |
| - | - 10 July 300 | | THER'S NAME | | MIDDLE | 1 | LAST | | | FIR | R'S MAIDEN | NAME | MIDDLE | | 2 | LAST | 10 |
| ORE, | JRS AFTER DEATH S. GIVE PAGES I WITH FORM PN T. PAGES I AND DIVISION OF VITA | | ALBERT | | 10 | | | CE CUR ITU | .10 | J AI | NIE | | 4000 | | KELL | _Y | |
| BALTIMORE | AFTER I | {Y | ES, NO, OR UNKNO | | ARMED FORCES GIVE WAR OR DATES) | ? | 16b. SOCIAL UNK | SECURITY | NO. | | | 400 | ADDR | | | | |
| BAL | RS AN GIV PAC DIVIS | | NO 18. CAUSE O | E DEATH (E-A | | 0 1 | | 14 | | JANIE | JONES | 192 | 9 BROOK | KS DR. | | APPROXIMATE | |
| ST. | \$ \$ \$ \$ \$ | | PARTIDE | ATH WAS CA | | 0 | ranio- | | | +x211m | | | | | BET | WEEN ONSE | AND DEATH |
| TON | ITHIN 24 HOU CIL IN ITEM 18 VER AUSIT PERMIT AL HYGIENE, REMOVAL. | | 81 | 2 MME | DIATE CAUSE (o) | | S A CONSEC | | | CLaum | a | | | | | | |
| PRES | 广兴览乡世界 | - | | ns, if any, w | | | | | | | | | | | | | |
| * | > Z € 2 5 8 | 6 | | stating the un | | | S A CONSEQ | UENCE O | F | | | | | | | | |
| . 201 | RIAL DA JON, | | | | (c) | | | | | | | | | | | 197 | 7-1 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | ULD BE EXECUTED "PENDING" IN PR FF MEDICAL EXAN SED AS A BURIAL- HEALTH AND MEI AI, CREMATION, (| 7 | PART 2 OTHER SI | GNIFICANT CONDIT | IONS CONTRIBUTING TO | O OFATH BUT | NOT RELATED T | O THE TERMIN | NAL OISEASE | OR CONDITION | GIVEN IN PART | 1 0. | | | | | |
| RECO | ANERALI CRE | CERTIFICATION | 19a DATE OF | OPERATION | 19h C | ONDITIO | N FOR WHI | CH OPER 4 | TION W | AS PERFORA | MED? | | | | 120 | AUTOPSY: | 2 |
| IA | | FIG | | O' EKT TIOT | 174 | ONDING | NATOR WITH | CITOTERA | 11014 47 | AO I ENI OILI | VILD. | | | | 10 | YES 😾 | NO 🗆 |
| P VI | WORD WORD HE CHIE ENT OF | ERI | | L CAUSE WA | S 21b. T | IME OF I | NJURY MONTH DA | | 21c. HC | OW INJURY (| OCCURRED | (ENTER NATURE | OF INJURY IN ITE | M 18 PART 1 OR | PART 2) | IES M | NO L |
| NO | A STAN | | UNDERLY INC | ; X OR NG ☐ CAUSE | OF DEATH 8: | 10.m. | 11-17 | - 19 85 | Dri | iver o | f auto | o/auto | collis | sion. | | | |
| VISI | CERTIF TING 3 SHC DEPAR | MEDICAL | 21d. INJURY C | CCURRED | 21e P | | INJURY (A | T HOME, | 211. LO | CATION | | | OR TOWN | | COUNTY | . 1921 | STATE |
| ۵ | WRI WRI ARE ARE | 2 | AT WORK | NOT WHILE | X | roa | | | Rt. | | ilver | | Rd., St | uitlar | nd, | | MD |
| | MINER: THIS CERTIFICATE SHE FICATE, WRITING THE WORL SE FORWARDED TO THE CH CTOR: PAGE 3 SHOULD BE U THE DEPARTMENT OF THE CHAIL 2) 201 PRIOR TO BUR | | 22a I certi | fy that I took o | harge of the remo | ins descri | bed abave, h | neld an | Autops | sy X. | Inspection | , Inc | quiry . | ond in my | ce Go | eorge | 's Co |
| | MINING BE | | death result | ed fram: N | latural causes | . A | ccident X | , Suic | ide 🔲 | , Homici | de . | Undetermine | ed manner |]. | | | |
| | DIE WAR | | ACTUAL | An | 0 | N | n | | | TITLE (SP | | | | DAI | F 11 | 10.0 |) F |
| | SHOW THE WATER | | SIGNATURE. | VIV | 20 | 1 | | 1 | M | Assis | stant | MEDICAL I | EXAMINER | SIG | NED 1 | 18-8 | 33 |
| | TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFIER DEATH, WITH HIS STANDARD AND AND AND AND AND AND AND AND AND AN | ~ | EXAMINER'S (TYPE OR PRI | NAME ANI | n M. Dix | on, 1 | 4.D. | | | ADDRESS - | 111 Pe | enn St. | , Balt | N | ID 2 | 21201 | |
| | PAT PAT — | 23a.B | URIAL, CREMA | | AL 236 DATE | | 23c. NAM | | ETERY O | R CREMATO | | 23d. LOCATI | | | YTHUC | | ATE |
| 07/84 | BP | | BL | RIAL | 11/23/ | 85 | HARM | ONY M | MEM. | PARK | | LANDO | | P.G. | ^ | ARYL | |
| 25M | DHMH - 17 | | NERAL DIREC | | | ADDRESS | | | | 2 | 5a JA BRE | S. D. W.C. | 3 RAR 256. R | EGISTRAR" | SIGNA | TURE | 6 |
| | (VR A15 ME (5)) | J. | B. JEN | KINS F. | H . 7474 | LAN | DOVER | RD - | | | | | | | | | |

311041

neral director, page 3 n 72 hours after death

FOR

CERTIFICATION

MEDICAL

23a. B

14. FATHER'S NAME

prior to buriol, 00 marked or Hem

should be detached for with the State Dept of FUNERAL WPORTANT. 0

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| I - STATE REGISTRAR | | | CERTIFICATE | OF DEATH | REG | . NO. | | | |
|-------------------------------------|---------------------------|-----------------------------|------------------|------------------|----------------------|-------------|-----------------|----------|------|
| I. DECEASED NAME | FIRST | MIDDLE | LAST | 1 | 2a. DATE OF DEAT | H MONTH | DAY YEAR | 2b. HOL | JR . |
| (TYPE OR PRINT) | Irene | С. | Stu | bbs | Nov. | 3,1985 | 5 | 12: | 45 |
| 3. SEX | | 4 RACE | 5. DATE OF BIRTH | | 6. AGE (IN YEARS LAS | T BIRTHDAY) | IF UNDER I YEAR | IF UNDER | |
| Female | | White | Sept. | 4 1950 | 35 | YRS | MONTHS DAYS | HOURS | MIN. |
| | E OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | ? 8. | VER MARRIED | 9 BALTIMORE CIT | Y OR COUNT | Y OF DEATH | | |
| Wash.D. | c. | USA | WIDOWED [| DIVORCED | Princ | e Geo | rge | | M |
| 10 CITY OR TOWN OF | DEATH | 11. NAME OF HOSPITAL, NURS | | RINSTITUTION | 120 USUAL OCCUP | | RIL KIND C | FSVEIL | रिधी |
| Riverdal | е | 6415 62nd E | | Mu H | Bookkee | | Const | | |
| USUAL RESIDENCE (IF 130. STATE Md . | NURSING HOME OF 136 COURS | | WN 134 INS | IDE CITY LIMITS? | 13e STREET ADDRE | | | 73 | 37 |

| 1 | Robert | MDDIE E | Ro | obso | n Jr | Charlot | te | Pa | arkhi | ll | |
|---|---------------------------|-----------------------------|----|------|------|---------|------|-----------------------------|-------|----------|-------|
| | (YES NO OR UNKNOWN) None | LIE YES GIVE WAR OR DATES! | | | | | j. 5 | ADDRESS Stubbs (Husband) | Same | as | 1: |
| | PART I. DEATH W | H (Enter only ane cause per | | | | 160 A | | | | MATE INT | ERVAL |

15. MOTHER'S MAIDEN NAME

| | DUE TO, OR AS A CONSEQUENCE OF | |
|--|--------------------------------|--|
| Canditians, if any, which | (b) | |
| gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | |

| 198 DATE OF OPERATION | 196 CONDITION FOR WHICH C | PERATION | N WAS PERFORMED | 200 AUT | OPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | |
|---|--|----------|--------------------------|-----------|----------------|--|-----|--|
| | | | | YES [| NO | YES | № □ | |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH DAY | | 21c. HOW INJURY OCCURRED | D (ENTERN | ATURE OF INJUI | RY IN ITEM 18 PART I OR PART | 2) | |

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

22a 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c. DATE SIGNED 11/4/85 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Dr. Robert Hsieh

6510 Kenilworth Ave, Riverdale, Md.

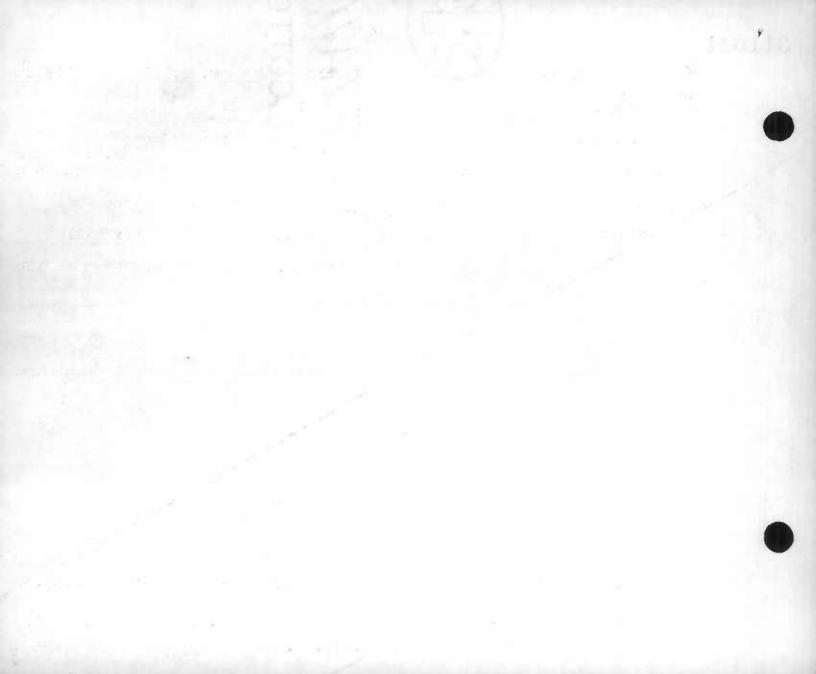
| | | | | • | |
|---------------------------|-----------|------------------------------------|---------------|--------|----|
| JRIAL, CREMATION, REMOVAL | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | | |
| PECIFY) | | | CITY OR TOWN | COUNTY | 51 |

Burial 11/6/85 Gate of Heaven S.S.

Md. Mont.

STATE

Hines/Rinaldi 11800 New Hamp. Ave. S. S. Md



| | | | | | - 1 |
|---|----|---|---|---|-----|
| 3 | - | 0 | 5 | 0 | _ |
| 3 | 8. | 3 | O | J | |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REG | NO |
|--|-----|----|

| 1 | FOR STATE REGISTRAR | D | PEPARTMENT OF HEALTH AND MENTAL H | YGIENE REG. NO | D. |
|---------------|---|--|---|--|--|
| 1. DE | CEASED NAME FIRST | MIDDLE | (AST | | MONTH DAY YEAR 26 HOUR |
| | Pearl | Mae | Stackhouse | 11/23 | 5/85 9. Dm |
| 1.58 | | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN FEARS LAST BIRT | MONTHS DAYS HOURS MIN. |
| 4 | Female | White | Dec. 30 1882 | | YRS. |
| | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OF | |
| 10 0 | ITY OR TOWN OF DEATH | U-5.4 | WIDOWED DIVORCED [| 120 USUAL OCCUPATION | orge's County MD. |
| H | vattsville | 3115 Lancer | ive street address) Drive | (TYPE GE WORK FOR MOST OF Homemaker | |
| USU 13a. | AL RESIDENCE (IF NURSING HOMEO STATE 136 COU | | attsville YES NO [| 13e.STREET ADDRESS | |
| 17 | ATHER S NAME PRIST PAVIEL | MIDDLE FLO | AST R IS. MONHER'S MAIDEN N Eliza | NAME | Wetzell |
| 1 | WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI | VE WAR OR DATES | 74-5065 Miriam I. S | ADDRE Stackhouse | No# 13 |
| CERTIFICATION | V OU | | Conne 7 | RMINAL DISEASE OR CONE | |
| ERT | 210. ACCIDENT WAS UNDERLYING | 7 216. TIME OF INJURY | 1716 HOW IN IURY OCCI | JRRED (ENTER NATURE OF INJUR | YES NO |
| ALC | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MON | NTH DAY YEAR | STATES ANTER MATURE OF INJUR | CHARLES CART OR PART 2) |
| MEDIK | 21d. INJURY OCCURRED NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTOR | | CITY OR TOV | WN COUNTY STATE |
| | 22a. I certify that (I) (this hasp saw the deceased glive of | -01/1/2/1/ | 19 | | , 19 85 , that (I) (we) lost ste and haur and fram the causes stated |
| | 22d. PHYSICIAN'S NAME (TYPE | ABR OR PRINT) | AHAM DABETA ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAF | FIANT 11/23/85 |
| | Abraham Dabe | ela, M.D. | 4404 Queer | sbury Rd. Ri | verdale, Maryland |
| | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | 23c. NAME OF CEMETERY OR CREMATOR | Y 23d LOCATION CITY OR TOWN | COUNTY STATE |
| 24 F | UNERAL DIRECTOR | | ittsville, Maryland | | 25b. REGISTRAR'S SIGNATURE |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNESAL DIRECTOR. After this certificate has been upped by the etterning physican age should be detached for use as the bond-trainit permit. Then picture renove carbon papers Page — the State Dept. of Health and Memol Hygiene prior to build. Cramation, or emprod. MPORTANT If them 21 is monked or then 18 stages only injury, or other trainmatic staget, the med

TENDING PHYSICIAN, The law

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Gasch's Sons F.H. P.A. Hyattsville, Maryland NO

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

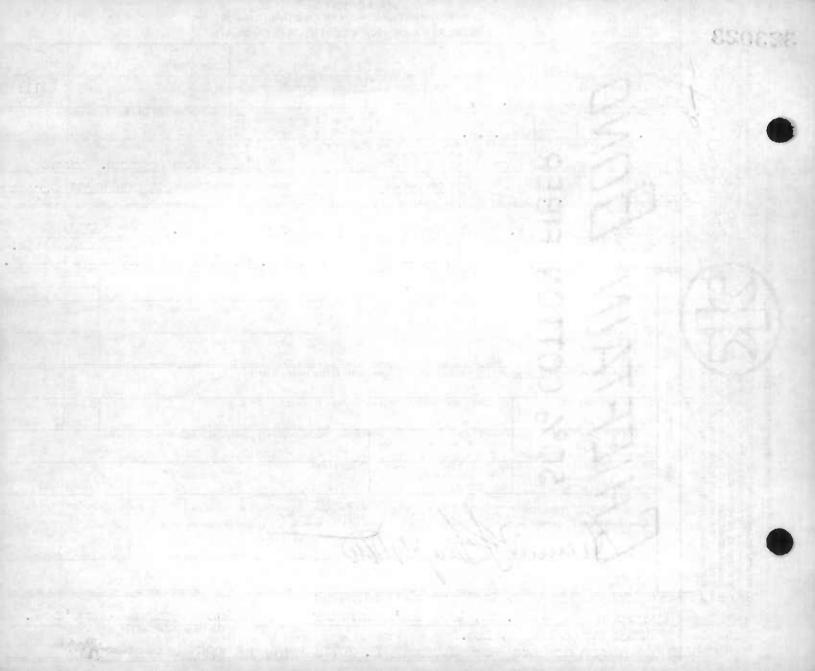
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P. Cashis Sone P.C. L.A. Bynthrille, Maryland Miller & good Sign

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 323023 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH THINK OF PERINT OF ESTI-Victor Stapleton, Jr. 11-9 19 85 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) RONOUNCED Male Black Feb. 12, 1963 22 DEAD 19 85 p. M TO BIRTHPLACE INTATEOR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREHIN COUNTRY MARRIED NEVER MARRIED TLL. U.S.A. Prince GEorge's County, WIDOWED DIVORCED E CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Auth Road & Beltway 95 Morningside Electrician Apprent. Private ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 2172 Catskill Street 13a STATE 13b COUNTY HIPPEREST P.G. arvland YES 🔀 NO [Heights 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Dorothy Williams Victor Stapleton M. 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 2172Catskill St. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-94-8036 Hillcrest Hats Md. Dorothy M. Stapleton 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING subject jumped in front of vehicles CONTRIBUTING | CAUSE OF DEATH ? P.M. 1985 21e PLACE OF INJURY (ATHOME 21 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX Auth Rd. & Beltway 95, Morningside, Prince road Autopsy XX 22a. I certify that I took charge of the remains described above, held on Inspection cide XX deoth resulted from Notural causes Homicide Undetermined monner TITLE (SPECIFY) 11-10-85 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 23e BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 234 NAME OF CEMETERY OR CREMATORY Nov. 12, 1985 Lee's Crematory Prince George's Md. Clinton Cremation 07/84 25M 24 FUNERA DIRECTOR NAME Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5) 66 83 Old Alexander Ferry Road Clinton, Md. 20735

STATE OF MARYLAND



FOR - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| CERTIFICATE OF DEATH | REG. I | NO. | | | | |
|-------------------------|------------------------|---------|---------|---------|----------|------|
| LAST | 20 DATE OF DEATH | MONTH | DAY | YEAR | 2b. HOL | R |
| STEWART | | 10 | 22 | 85 | 6:0 | OA |
| 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST B | | | ERIYEAR | IF UNDER | |
| 3- 14- 1910 | 7.5 | YRS | MONTHS | DAYS | HOURS | MIN. |
| MARRIED X NEVER MARRIED | 9 BALTIMORE CITY | OR COUN | TY OF D | HTA | | |

76 CITIZEN OF WHAT COUNT Ta. BIRTHPLACE (STATE OR FOREIGN USA Georgia

124 OUNTY

MIDDLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic

220.1 certify that (1) (this haspital) attended the deceased from

Black.

ROCHELL

WIDOWED DIVORCED | 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

PRINCE

O. CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING H

Male

VEC OF WORK FOR MOST OF WORKING LIFE

Unknown

APPROXIMATE INTERVAL

4 FATHER'S NAME

130 STATE

Wash. DC

1407 Congress Pl., YES THE NO 15 MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

MIDDLE

(YES, NO OR UNKNOWN)

No

Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

LAST 166 SOCIAL SECURITY NO

Unknown 17 INFORMANT

Independence Rd., Accokee, MD. Cornell Robinson Rt. 2. Box 62B1

IMMEDIATE CAUSE (a. Conditions, if any, which gave rise to immediate

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21f. LOCATION

and that in (my)

DEGREE

190 DATE OF OPERATION

couse (a), stating the

underlying cause last

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE

saw the deceased alive on

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN

pinian death occurred on the date and haur and from the couses stated

22h. SIGNATURE

224 PHYSICIAN'S NAME

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

STATE

CERTIFICATION

230 BURIAL, CREMATION, REMOVAL Burial

231. NAME OF CEMETERY OR CREMATORY Washington National

Sultland

200 AUTOPSY?

md.STATE

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Robert G. Mason F.H. 1661 Good Hope Rd.S.E(DC)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

.e. r . Pl part mo" Tolt . Winey 200- Com Commail obcason 11.2, for 526

Managert G. Surena L. L. 651 Cood Hors ud. B. H. Monagert

| _ | | FOR |
|---|---|-----------|
| 1 | - | STATE |
| | | PECISTRAP |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| R | F | G | N | C |) |
|---|---|---|---|---|---|

| 0031 | | REGISTRAR CERTIFICATE OF DEATH REG. NO. | | | | | | | | | |
|--|---------------|--|---|--|---------------------|---|-------------------|--------------------|--------------------------------------|---|-------------|
| 0031 | | EASED NAME FIRST | | MIDDLE | LAS | | 20. DATE OF D | | H DAY | YEAR 2b. HOUR | |
| and An | - | Ida | . W | ells | STI | NCHCOMB | Novemb | er 30 | 1985 | 4:50 |) DM |
| a | SE) | | 4 RACE | | 5. DATE OF | BIRTH | 6. AGE (IN YEA | | IF UNDER | TYEAR IF UNDER 2. | HR5 |
| # of of | | Female | White | | Dec. | 17^ 1932 | 52 | | YRS. | DAYS HOURS | MIN. |
| BE WA | BI | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 ** A P D I E D | NEVER MARRIED | | CITY OR CO | UNTY OF DEA | | |
| u a la | Ma | ryland | USA | | WIDOWED | DIVORCED | Prince | George | e Count | У | MD |
| by the fulled with | | nham | Drs. | HOSPITAL, NURSIN HOSPITAL | G HOME OR | OTHER INSTITUTION | Manage | | KIATIANT | CIND OF BUSINES | s or nic |
| 136 | 13a. S | A RESIDENCE (IF NURSING HO) TATE aryland Pri | NE OR OTHER INSTITUTION OUNTY | Beltsvil | 4 11 | 34. INSIDE CITY LIMITS? YES NO 🖺 | logist 4 | Peestwo. | Sa ^{DE} Driv | Beltsvi e 2070 | |
| 18 /E/ | 4. FA | THER'S NAME FIRST | N. | Wells | 1 | MOTHER'S MAIDEN NA | | WIDDIE | Ch | ase | |
| S. Poges J. | 6a V | /AS DECEASED EVER IN U.S ES NO OR UNKNOWN) (18 YE NO | ARMED FORCES? S, GIVE WAR OR DATES) n/a | 166 SOCIAL SECUI 214-30-2 | | Charles F. S | Stinchco | address mb - se | ames as | #13 | |
| gned by the attending phy; in please remove corbon pol burial, cremation, or remov, by, or other troumofic event. | | 18 CAUSE OF DEATH IERRA PART I. DEATH WAS CA IMME Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICA | DUE TO, O DUE TO, O DUE TO, O C DUE TO, O C C DUE TO, O (c) | R AS A CONSEQUE | NCE OF | bej bi am | | OR CONDITIO | 3 | APPROXIMATE INTERIOR SET AND DI VRS, 7m | |
| hos been signal of permit. The ene prior to owe only injurial of the control of t | CERTIFICATION | 190. DATE OF OPERATION | 196 COND | ITION FOR WHICH (| OPERATION | WAS PERFORMED | 200 AUTOP | SY? 206. | IF YES, WERE CERTIFYING C. YES | FINDINGS USED AUSES OF DEATH NO | 1? |
| 17 E 1 | MEDICAL CER | 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CON | HOUR A. MINER) P. 21e. PLACE | OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA | Y YEAR | RIF LOCATION STREET | RED (ENTER NATU | | | ART 2) | ATE |
| AL DIRECTOR: Af | | 220.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (di 22b. SIGNATURE | e on 11-30 | 19.8 | | that in (my) (our) opinion GREE ATTENDING PHYSICIAN | death occurred of | STAFF | 224. | , that (I) (we om the couses state DATE SIGNED | ed |
| should be det with the Stote | | 22d PHYSICIAN'S NAME (T | Baig M.D | | | 3450 Ft. Mea | 1.00 | | | 20707 | L Y |
| | Bu | URIAL, CREMATION, REMO PECETY) P1a1 | Dec. 3, | 1985 Ft | . Line | eoln | Brent | on ₩ŏod Pi | rince | eorge 5 | 1d |
| | | NERAL DIRECTOR La Idne V. Borgwe | ardt 4400 | Beltsv Powder Mi | ville : | 20705 250. DA | EC 4 | ISTRAR 25b. R | EGISTRAR'S SI | GNATURE - | M. |

| | 1 | FOR | | | EPARTMENT OF | HEALTH AND MENTA | LHYGIENE | 2 | Comp | | |
|--|---------------|----------------------|--------------------|------------------------|------------------------------|---------------------------------|-----------------------|--------------------------|----------------|-------------|-------------|
| 312077 | 1- | STATE REGISTRAR | | MEI | DICAL EXAMIN | ER'S CERTIFICATI | E OF DEATH | REG. NO. | | | |
| DINOTT | | EASED NAME | FIRST | | WIDDLE | LAST | 2a. DA | TE KNOWN | MONTH DAY | Y YEAR | 2b. HOUR |
| Ways &F L | (TYP | OR PRINT) | Bret | (1) | N.M.I.) | Suthard, J | r. DEA | TH MATED | 11 1 | 185 | |
| E ROBERTO | 3. SE) | 4 R | | 5 DATE OF BIRTH | 6. AGE (IN YE | ARS IF UNDER TYR. IF UN | | ATE | MONTH DAT | Y YEAR | 2d HOU |
| I IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE & FOR YOUR FILES. HED WITHIN 72 HOURS ON PRECION STREET, | Ma | le Wi | hite | August 24 | 4, 1985 VI | 3 | | OUNCED EAD | 31 1 | 185 | 8:57 |
| A A A A | 7a. BI | RTHPLACE (STATE) | | 7b. CITIZEN OF WH | | | 9. BAL | TIMORE CITY OR | COUNTY OF | | 1 ~ |
| SHE SE | Ma | ryland | | U.S.A. | | MARRIED NEVER M. | | ingo Coo | raola (| Count | |
| Z D w | | TY OR TOWN OF I | | II. NAME OF HOS | | OR OTHER INSTITUTION | II2a LISUAL OC | ince Geor | EWORK 12h K | (IND OF BU | JSINESS |
| TA BA | C | heverly | | | CILITY, GIVE STREET ADDRESS) | neral Hospita | N/A | WORKING LIFE) | l i | OR INDUSTI | RY |
| SOS, | USUA | L RESIDENCE (# IN | I NURSING HOME OR | OTHER INSTITUTION, GIV | E RESIDENCE BEFORE ADMISSI | ONI | | | | ,, | |
| SHOULD PARE SHOULD BY EILE RECORDS, 201 | | ryland | Prince | George's | Mt. Raini | | | 7th Stree | et 207 | 712 | 2 |
| H | 14. FA | Bret | (N | .M.I.) | Suthard | , Sr. Diane | AIDEN NAME | MIDDLE | Da | ay | |
| PAGES 1 APPROVISION OF | 16a. V | AS DECEASED EN | ER IN U.S. ARM | ED FORCES? | 166. SOCIAL SECURIT | Y NO. 17. INFORMANT | Father) | ADDRESS | | | - |
| VISIO | [Y | NO, OR UNKNOWN) | (IF YES, GIVE W | 'AR OR DATES) | N/A | Bret Sut | hard, Sr. | Same as | s 13e | | |
| N N | | 18 CAUSE OF DI | EATH (Enter anly | ane cause per line | far (a), (b), and (c).) | | | | | APPROXIMATE | E INTERVAL |
| N A | | PART I DEATH | A SALAS CALLEED | DV | | t Death Syndr | rome | | BE | TWEEN ONSE | T AND DEATH |
| S S S | | | IMMEDIATE | | AS A CONSEQUENCE | | Olic | | | | |
| ST S | | | if any, which | | | | | | | | |
| OR A A | | | ta immediate | (b) | AS A CONSEQUENCE | DE . | | | | | |
| | | lying cause lo | | | AS A CONSEGUENCE | | | | | | |
| ALTH AND MI CREMATION, | | PART 2 OTHER SIGNIFI | CANT CONDITIONS CO | ONTRIBUTING TO GEATH I | HIT NOT BELATED TO THE TERM | INAL DISEASE OR CONDITION GIVEN | IN DART 1 | | | | |
| EM | Z | | _ | The second second | OT HOT RECATED TO THE TERM | THAT DISEASE ON CONDITION GIVEN | IN PART I (Q. | | | | |
| A CA | CERTIFICATION | 19a DATE OF OP | ERATION | 19b. CONDIT | ION FOR WHICH OPER | ATION WAS PERFORMED? | | | 20 | AUTOPSY? | 2 |
| SA N | 5 | | | | | | | | | | |
| B | \ \alpha | 210. EXTERNAL C | AUSE WAS | 21b. TIME OF | INJURY | 21c. HOW INJURY OCCU | IRRED LENTER NATURE C | OF INJURY IN ITEM 18 PAR | T 1 OR PART 2) | YES X | NO [] |
| | | UNDERLYING | OR | | MONTH DAY YEAR | | | | | | |
| 8 | MEDICAL | CONTRIBUTING | | | 0F INJURY (AT HOME. | 21f. LOCATION | | | | | |
| 20 | ME | WHILE AT WORK | | | ORY, FARM, ETC.) | STREET | СПУО | PR TOWN | COUNTY | | STATE |
| 717 | | AT WORK A | TWORK | 4 | | • | | | | | |
| Ž. | | 22a. I certify th | at I taak charge | of the remains desc | mby dbave, held an | Autapsy X , Inspe | ection . Inqu | airy L, ond i | in my apınıan | | |
| ΞŽ | | death resulted f | ram: Natura | I cymred & | Accident, Su | icide, Homicide | Undetermined | d manner . | | | |
| TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A I AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH. BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM | | ACTUAL | | 1101 |) | TITLE (SPECIFY | , | | 5.75 | | |
| H. H. | 4 | SIGNATURE | | XP | | MD_Assist | ant MEDICALE | XAMINER | DATE SIGNED | 11/1 | /85 |
| 30 | | EXAMINER'S NA | ME Cross | T D leav | iffman M D | 111 | Dann Ob | D-31- M | 18.76 | | |
| | | | | | uffman, M.D | | Penn St. | | ١. | | |
| ∢ ∞ | 23a.B | JRIAL, CREMATION | | | | METERY OR CREMATORY | 23d. LOCATIO | N | COUNTY | | TATE |
| | 000.5 | Buria | | .1/4/85 | Fort Lin | coln Cemetery | | | P.G. | | yland |
| H - 17 | TT | and Iske Gal | sch's Sc | ns Funera | al Home, P. | A. 250. DA | V 06 1985 | TRAR 256 REGIST | RAR'S SIGNA | TURE | |
| 15 ME (5)) | 4/ | on partii | nore Ave | enue Hyati | sville, Md | . 20/8 | A O O 1200 | | | | |

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

| | CEASED NAME FI | | | | | | | | |
|-----------------------|--|--|---|--|---|---|---|---|---|
| 1 818, p. | F-G D-D D4-T1 | IRST \ | WIDDLE | LAST | | 20. DATE OF DE | | DAY YEAR | 26. HOUR |
| Jul | san / Susi | e) Matil | da | SWAGART | | Novemb | er 8, 1 | .985 | 2:55p |
| 3 SE | X | 4. RACE | | 5. DATE OF BIRT | | 6. AGE (IN YEARS | LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 H |
| 0 | Female | Whi | te | May 24 | , DAY 1883 YEAR | 102 | YRS | MONTHS DAYS | HOURS M |
| | IRTHPLACE (STATE OR FORE | GN 76 CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE | ITY OR COUN | TY OF DEATH | |
| Dia | strict of Co | | | WIDOWED | DIVORCED [| Princ | e-Georg | es | |
| | Hyattsville | I IF NOT IN SU | HOSPITAL, NURSING SCHEET AIR SACTED HE | DDRESS) | | 12a USUAL OCC (TYPE OF WORK FOR Seems to | MOST OF WORKING | | OF BUSINESS |
| 13a. S | AL RESIDENCE (IF NURSING STATE ATYLAND MOI | COUNTY | GIVE RESIDENCE BEFORE A | Spring YES | | 13e.STREET ADD | ress / zip co | Avenue | 903 |
| 4. FA | ATHER'S NAME FIRST Charles | WIDDIE | Beavers | 15. M | Margar | MI | DDIE . | Galvin | 51 |
| | WAS DECEASED EVER IN | | 166 SOCIAL SECUR | RITY NO. 17/ | YORMANT, 1 V | | ADDRESS # | Florida | ^ / |
| (, | YES NO OR UNKNOWN) | FYES, GIVE WAR OR DATES) | 577-05-54 | 165 6 | icelott so | Dan- 11 | 1.6. Gans | 1031176 | To I Tou |
| | Conditions, if ony, who gave rise to immedicause (o), stating | hich (b)_ | DR AS A CONSEQUEN | anced | age 1 | (102) | | Yea | |
| | underlying cause I | (c)_ | allen | rellio | 6 Sen | nal | CONDITION | CIN/SALIM DAGTA | 3 |
| IFICATION | | CANT CONDITIONS C | allen | EATH BUT NOT | helasteri | 200 AUTOPST | que IN CER | ES, WERE FINDE | NGS USED OF DEATH? |
| CERTIFICATION | PART 2 OTHER SIGNIF | CANT CONDITIONS C | ONTRIBUTING TO DI | EATH BUT NOT DEERATION WA | helasteri | 200 AUTOPS V | que 1702 IN CER | PES. WERE FINDING CAUSES YES | NGS USED |
| AL CERTIFICATION | PART 2 OTHER SIGNIFIED THE DATE OF OFERATION OR CONTRIBUTING CAUSE | CANT CONDITIONS C | ONTRIBUTING TO DI | EATH BUT NOT | S PERFORMED | 200 AUTOPS V | que 1702 IN CER | PES. WERE FINDING CAUSES YES | NGS USED OF DEATH? |
| MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFIED TO THE DATE OF OFERALID OR CONTRIBUTING AUSTRIBUTING AUSTRIB | CANT CONDITIONS CONTINUES | ONTRIBUTING TO DI | EATH BUT NOT FEAT NA Y YEAR 19 216 | S PERFORMED | 200. AUTOPS VES 1 NO RRED (ENTER NATURE | que 1702 IN CER | PES. WERE FINDING CAUSES YES | NGS USED OF DEATH? |
| 165 | PART 2 OTHER SIGNIFIED TO THE PART 2 OTHER SIGNIFIED TO THE PART OF CONTRIBUTING CAUSE OF CONTRIBUTING AUTHOR AT WORK | CANT CONDITIONS CONTINUES | ONTRIBUTING TO DI OTHOR FOR WHICH C OF INJURY A.M. MONTH DAY P.M. OF INJURY TREET, FACTORY, OFFICE FAI | Y YEAR 19 211 | S PERFORMED HOW INJURY OCCU LOCATION STREET | 200. AUTOPS VES 1 NO RRED (ENTER NATURE | OF INJURY IN ITEM | MES WERE FINDE TIFYING CAUSES VES [] 18 PART I OR PART 2) | NGS USED OF DEATH? NO |
| 165 | PART 2 OTHER SIGNIFIED TO THE DATE OF OFERALLO OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED AT WORK NOR NOT WHILE AT WORK 220.1 certify that (1) (the 220.1 certify that (1) (t | CANT CONDITIONS CONTINUE CONTIN | ONTRIBUTING TO DI OTHOR FOR WHICH C OF INJURY A.M. MONTH DAY P.M. OF INJURY TREET, FACTORY, OFFICE FAI | Y YEAR 19 RM ETC) 21f | HOW INJURY OCCU | RRED (ENTERNATURE | OF INJURY IN ITEM Y OR TOWN | MES. WERE FINDING CAUSES YES 18 PART 1 OR PART 2) COUNTY | NOS USED OF DEATH? NO STATE |
| 195911 | PART 2 OTHER SIGNIFIED TO THE PART 2 OTHER SIGNIFIED TO THE PART 2 OF CONTRIBUTING CAUSE (IF ETHER NOTIFY MEDICALE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 270 1 certify that (1) Cause saw the deceased a obove, (1) Lower (did) | CANT CONDITIONS CONTINUE CONTIN | ONIRIBUTING TO DI ONIRIBUTING | Y YEAR 19 RM ETC.) 21f | HOW INJURY OCCU LOCATION STREET 19 76 t in (my) (our) opinio | RRED (ENTERNATURE | OF INJURY IN ITEM Y OR TOWN | TES. WERE PINDING CAUSES VES 18 PART 1 OR PART 2) COUNTY LOWER TO THE PINDING CAUSES VES 18 PART 1 OR PART 2) | NGS USED OF DEATH? NO STATE that (I) (Imp) causes stated |
| 195911 | PART 2 OTHER SIGNIFIED TO THE DATE OF OFERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF THE CONTRIBUTION OF CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CAUSE O | CANT CONDITIONS C YING 100 TIME (SE OF DEATH EXAMINER) 21e PLACE (AT HOME S) | ONIRIBUTING TO DI ONIRIBUTING | Y YEAR 19 RM ETC) 21f | HOW INJURY OCCU LOCATION STREET in (my) (our) opinio | RRED (ENTER NATURE | OF INJURY IN ITEM Y OR TOWN The date and I | MES. WERE FINDING CAUSES YES 18 PART 1 OR PART 2) COUNTY | NGS USED OF DEATH? NO STATE that (I) (Imp) causes stated |
| 195911 | PART 2 OTHER SIGNIFIED TO A CONTRIBUTING AND ACCIDENT WAS UNDERLY OR CONTRIBUTING AND CAUSE AT WORK 201 Certify that (1) (1) Cause And Contribution And Contrib | CANT CONDITIONS CONDIT | ONTRIBUTING TO DI ONTRIBUTING | Y YEAR 19 216. RM ETC) 216 And Ma | HOW INJURY OCCU LOCATION STREET 19 76 t in (my) (our) opinio EE ATTENDING PHYSICIAN ADDRESS | RRED (ENTER NATURE OIT A MEDICAL OTRECTOR F | Y ORTOWN STAFF PHYSICIAN | COUNTY | STATE that (I) (Ima) causes stated SIGNED |
| 1650 | PART 2 OTHER SIGNIFIED TO THE PART 2 OTHER SIGNIFIED TO THE PART 2 OTHER SIGNIFIED TO THE PART 2 OTHER 2 O | CANT CONDITIONS CONDIT | ONTRIBUTING TO DI ONTRIBUTING | Y YEAR 19 216. RM ETC) 216 And Ma | HOW INJURY OCCU LOCATION STREET 19 76 t in (my) (our) opinio EE ATTENDING PHYSICIAN ADDRESS | RRED (ENTER NATURE | Y ORTOWN STAFF PHYSICIAN | COUNTY | STATE that (I) (Ima) causes stated SIGNED |
| MEDICAL | PART 2 OTHER SIGNIFIED TO A CONTRIBUTING AND ACCIDENT WAS UNDERLY OR CONTRIBUTING AND CAUSE AT WORK 201 Certify that (1) (1) Cause And Contribution And Contrib | CANT CONDITIONS CONDIT | OF INJURY A.M. MONTH DAY COF INJURY A.M. MONTH DAY P.M. COF INJURY TREET, FACTORY, OFFICE FAI The deceased from Ty after death. | Y YEAR 19 RM ETC) ZIE AME OF CEMETI | HOW INJURY OCCU LOCATION STREET 19 76 t in (my) (our) opinio EE ATTENDING PHYSICIAN ADDRESS | RRED (ENTER NATURE CIT To NEW A death accurred an MEDICAL DIRECTOR DE 123d. LOCATIO CITY OR TO | OF INJURY IN ITEM Y OR TOWN The date and I STAFF PHYSICIAN Hya | COUNTY | STATE that (I) (Ima) causes stated SIGNED |

DHMH - 16 60M 7/84 (VRA 15, 4)

| Hoventers B. 1905 | | THADANE | Buttida | (olunia) |
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|---|---|---|---------------------------------------|---|
| DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | H DAY YEAR 26 HOUR |
| TYPE OR PRINT) Flora | М. | SWAIN | November 25, | 1985 6:15P M |
| SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Female | Caucasian | Sept. 19, 1905 | 80 | MONTHS DAYS HOURS MIN, |
| BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COL | |
| New Hampshire | USA | WIDOWED XX DIVORCED | PRINCE GEORG | E COUNTY ME |
| | 11. NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126. KIND OF BUSINESS OR |
| LANHAM | DOCTORS HOSPI | TAL of P.G.Co. | Homemaker | (ING LIFE) INDUSTRY |
| SUAL RESIDENCE (IF NURSING HOME OR | OTHER INSTITUTION, GIVE RESIDENCE BEFORE | ADMISSION) | | |
| Maryland Hrince | Georges Bowie | N 13d. INSIDE CITY LIMIT. YES XXX NO [| 2619 Kinderb | |
| HATTER'S NAME | Georgeb DOMTE | 15. MOTHER'S MAIDEN | | rook Lane 2071 |
| | MIDDLE LAST | FIRST | WIDDLE | LAST |
| William WAS DECEASED EVER IN U.S. AR/ | John Blair MED FORCES? 166 SOCIAL SECU | RITY NO. 17 INFORMANT | y Ann ADDRESS | Ross |
| | F WAR OR DATEST | | | 10. |
| 10 | 147-26-48 | Margery A. | Conley same | as 13e |
| gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS ACONSEQUE | the Geart fail | lopathy | |
| | CONDITIONS CONTRIBUTING TO E | DEATH BUT NOT RELATED TO THE | ERMINAL DISEASE OR CONDITION | N GIVEN IN PART 110 |
| 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196, CONDITION FOR WHICH | OPERATION WAS PERFORMED | | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\) |
| an construction of course or ear. | LICUID A MA MONITH DA | YEAR 21c HOW INJURY OC | CURRED (ENTER NATURE OF INJURY IN ITE | EM 18 PART 1 OR PART 2) |
| (IF EITHER NOTIFY MEDICAL EXAMINER | | 19 | | |
| (IF EITHER NOTIFY MEDICAL EXAMINER | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. | 21f LOCATION | CITY OF TOWN | COUNTY STATE |
| NOT WHILE AT WORK | (AT HOME, STREET, PACTORY, OFFICE, P. | ARM, ETC.) | | |
| 220.1 certify that (1) (this house saw the deceased alive an abave, (1) (wa) (did) (d | attended the deceased fram | , and that in (my) (o or) api | , ta, ta | d have and fram the causes stated |
| 22b. SIGNATUR | 7) | DEGREE | | 22c. DATE SIGNED |
| Barry | Komelin | M) ATTENDIN | MEDICAL STAFF | 11/4781 |
| 224 PHYSICIAN'S NAME (TYPE O | R PRINT) | 22e ADDRESS | - CHILDICIAN [| |
| | | | | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

Beall Funeral Home (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial transit

23c. NAME OF CEMETERY OR CREMATORY Nov, 30 1985 Edgewood Cemetery

1.6000 Annapolis Rd. Bowie, Maryland

Nashua, Hillsborough, N.H.

Nashua, Hillsborough, N.H.

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| orley suga as 130 City | S is greated. D | Calagor (AZ | |
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| Shainwa, Hawleborough, M.H. | wood Comptant Land Land | eneit Nov. 30 19055th | er Jebell eng Lied |

339974

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 6:10P November 28, 1985 Sweet Anna 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH Ť913 Female caucasian To BIRTHPLACE (STATE OR FOREIGH 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TISA Pennsylvania WIDOWEDF Prince Georges County DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 26 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife home Laure1 Greater Laurel Beltsville Hospita ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Clifton 13d. INSIDE CITY LIMITS? 213 Edison St. 07015 Passiac N.J. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kupinsky MIDDLE Pastercek Mary George 166. SOCIAL SECURITY NO. ADDRESS 8602 Imperial Dr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 142-38-5985 Daniel Sweet Laurel, Md. 20708 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ARCINI MA IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [21b. TIME OF INJURY 2 In ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive on and that in (my) (our) apinian death occurred an the date and hour and fram the causes stated and the hady after death 22b. SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22d, PHYSICIAL S NAME 22e ADDRESS PRINCE GEORGE ST 30 12/2/85 23a. BURIAL, CREMATION, REMOVAL (SPEBurial St. Mary's Cemetery Saddlebrook

DHMH - 16 60M 7/B4 (VRA 15, 4)

-LECK FIH. INC.

24 FUNERAL DIRECTOR

Spizino PJ 250. DATE REC'D

LOCAL LA COLSON

| | | 1 | FOR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 3 2 | 4,5 / |
|----|---|---------------|---|--|--|
| | - 400 | 1- | STATE | MEDICAL EYAMINEDIS CEDTIEICATE OF DEATH | |
| | 336100 | T. DE | REGISTRAR CEASED NAME FIRST | MIDDLE LAST 20. DATE KNOWN CONTROL | DAY YEAR 75 HOUR |
| | W-1-29- | | EORPRINT) Mary | OF ESTI- DEATH MATED 1/- | 17 07 |
| | SEE SEE | 3 SE | | ATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH | DAY YEAR 2d HOUR |
| | N ST H | 1 | | NTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED | 7 85 325 |
| 0 | A PARK | 7a. B | | ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY | |
| | 高語など為 | 1 % | IRGINIA | U.S.A. WIDOWED DINORCED PRINCE E | FORGES |
| | AY IS N THE FU 201 W | 10 C | | TOME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION JOB USUAL OCCUPATION (TYPE OF WORK | 126 KIND OF BUSINESS OR INDUSTRY |
| | PAGE PAGE BE FILE DS, 201 | 1.0 | HEVERIY 91 | me hers heneval Herspile SALESPERSON | Shors |
| | MANY D NAD 3 T NAD 3 T | | AL RESIDENCE (IF IN NURSING HOME OR OTHE TATE 136 COUNTY | R INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) 13c, CITY OR TOWN 13d. INSIDE (IJY-IMITS? 13e STREET, ADDRESS, | 2/0/110 |
| | A SADA | | Md. P.G | LARGO YES D NO 600 LARGO | Kd |
| | M HAND | 14. F. | ATHER'S NAME | The state of the s | LAST |
| | AN PER PR | 1 | William C | 3. UWENS LURDY | VON |
| | TIME THE TANK OF THE PART OF T | 160. | VAS DECEASED EVER IN U.S. ARMED F ES, NO OBONKNOWN) (IF YES, GIVE WAR OF | RDATES) | Leg ATION CT, |
| | S AN GRAN | | 110 | 1519-30-4516 JOE SWINDELL NEW CAR | 1001/1010 |
| | 3000 | | 18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: | The shalle And Otropular beren | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| | 22 25 | | Conditions, if ony, which | son, to, on no necessarios or | |
| r. | W. W | | gove rise to immediate couse (a) stating the under- | DUE TO, OR AS A CONSEQUENCE OF | |
| - | SON PERSON | | lying couse lost. | | |
| | MANIE AND | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI | BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) | |
| | DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING RIDED TO THE CHIEF MEDICAL ES BENANCIAL CHEMATTH AND THE DEPARTMENT OF HEATTH AND TO PRICE AND TO PRICE AND TO PRICE AND TO PRICE AND TO THE STATE AND THE S | NO | | | |
| | TAL RECO | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
| | E SHOUN WORD WORD WINT OF HER BE USE! | IE | | | YES NO P |
| | ON OF STHEW TO THE HOULD B ARTMEN | | 2) EXTERNAL CAUSE WAS | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA | ART 2) |
| | SION NG TPIC SHOU | MEDICAL | CONTRIBUTING CAUSE OF DEATH | | |
| | DIVISIO IIS CERTIF VRITING ARDED TO ARDED TO ARDED TO THE DEPAI | MEG | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 2)e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OF TOWN CO | OUNTY STATE |
| | THIS WAR | | AT WORK AT WORK | | |
| | SH S S S S S S S S S S S S S S S S S S | | 220. I certify that I took charge of th | he remains de Cribed above, held an Autopsy , Inspection , Inquiry , and in my of | pinion |
| | STIFFICE STATE OF THE STATE OF | | death resulted from: Natural cou | | |
| | X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | ACTUAL THERE | TITLE (SRECIETY) M.D. MEDICAL EXAMINER SIGNI | 11-17-05 |
| | ジデエンとにし | | SIGNATURE | M.D. MEDICAL EXAMINER SIGNI | ED_//-/ BJ |
| | ₹ 3₩ ₽₩₽ | | (TYPE OR PRINT) Augus | to P Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple | Hills, Md |
| | DAY DAY | 23a.B | URIAL, CREMATION, REMOVAL 23b. DA | ATE 1234 NAME OF CEMETERY OR CREMATORY - 1234 LOCATION - | A |
| | | | | , WYORTOWN COU | |
| | 07/84 BP | | Cremation 11/ | 18/85 Lees Crematory Clinton P.G. | |
| | 07/84 BP 25M DHMH - 17 | 6 | Cremation 11/ | /10/05 | Md. |

FOR

REGISTRAR I DECEASED NAME

Male

TO BIRTHPLACE (STATE OR FOREIGN

Pennsylvania

ID CITY OR TOWN OF DEATH

Clinton

Maryland

FATHER'S NAME

SUAL RESIDENCE (IF NURSING HOW

Nicolaus

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

30SEPH

OUNTY

Charles

1943-1945

8 CAUSE OF DEATH (Enter only one cause per line for (a), [b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a.

Caucasian

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

- STATE

(TYPE OR PRINT)

COUNTRY

TIEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 DATE OF BIRTH MONTH Sept.

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

So. Maryland Hosp. Cntr.

Waldorf

16b SOCIAL SECURITY NO.

Tchir

CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

19

DIVORCED

Anna

15. MOTHER'S MAIDEN

Georgetta

| | REG. NO. | 1 | | | | | | | |
|------------------|---|---|--|--|--|--|--|--|--|
| | 20. DATE OF DEATH MONTH DA | YEAR 26 HOUR P. | | | | | | | |
| | 11-15 8 | 5 5:15 M | | | | | | | |
| | | UNDER I YEAR IF UNDER 24 HRS | | | | | | | |
| 15 | 70 YRS | NIHS DATS HOURS MIN. | | | | | | | |
| | 9 BALTIMORE CITY OR COUNTY C | F DEATH | | | | | | | |
| | Prince Geo: | rge's MD. | | | | | | | |
| | 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OR | | | | | | | |
| | Pipe Fitter | Construction | | | | | | | |
| ? | 136 STREET ADDRESS / ZIP CODE | 1/ 00004 | | | | | | | |
| NAA | #7 Montgomery Lane/ 20601 | | | | | | | | |
| NAME MIDDLE LAST | | | | | | | | | |
| | 51 | deor | | | | | | | |
| | ADDRESS | | | | | | | | |
| 3 1 | L. Thir (Same | as #13) | | | | | | | |
| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | | |
| | | 1 D4 | | | | | | | |
| | | | | | | | | | |
| | ٠ | 6 mis | | | | | | | |
| | | 140 | | | | | | | |
| | | | | | | | | | |
| ERMI | inal Disease or Condition Givet | N IN PART 11a | | | | | | | |
| | | WERE FINDINGS USED NG CAUSES OF DEATH? | | | | | | | |
| | YES NO YES | □ NO □ | | | | | | | |
| LIDD | ED / | | | | | | | | |

gave rise to immediate cause (a), stating the underlying cause last.

190 DATE OF OPERATION

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

22h SIGNATURE

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

Canditians, if any, which

DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

11/18/85

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

21c HOW INJURY OCC

211 LOCATION CITY OR TOWN COUNTY

(aur) apinian death accurred on the date and haur and from the causes stated

ATTENDING PHYSICIAN [22a ADDRESS

MEDICAL OIRECTOR PHYSICIAN 22c. DATE SIGNED 11-15-85

STATE

226. PHYSICIAN'S NAME (TYPE OR PRINT)

Richard Dobson, M.D.

220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased three n abave, 41 (we) (did (did not) view the bady after death

Brandvwine.

Marvland

(SPECIFY) Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

CERTIFICATION

<u>Huntt Funeral Home</u>

P.O.Box 156 Waldorf, Md. 20601

Prince Geo. Resurrection Cem. Clinton,

Ustar St. Japa Chatemand Bapt. 22, 12150 aladenad control District to the state of the contract of the c Troning to an end to book one ricol ausicol Vie de a till till 177-17-17-1797 penegotta L. Thir (dire as all) John Tyrel, and Posteric as a street of the control fully to the translation of the farmer fragelist

STATE OF MARYLAND

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mjury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked or frem 18 the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

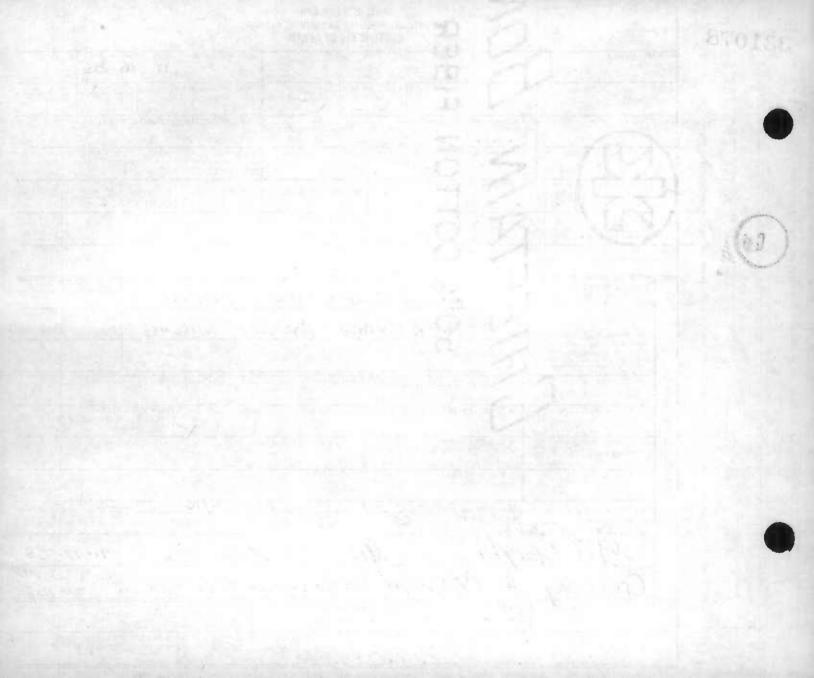
| | 1 - | STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. | NO. | | | | |
|-------|---------------|--|---|---|----------------------------|---------------------------------|---------------------------------|--|-------------|----------------------|-----------|----------------|
| | | CEASED NAME FIRST Mayme | Α. | Thomas | B | AST | 20 DATE OF DEATH | монтн | 16 | 85 | 26 HOU | R |
| 3. SE | | x Female | 4 RACE Wh | nite | 5. DATE C MONTH 1-18 | | 6 AGE (IN YEARS LAST | YEARS LAST BIRTHDAY) IF UNDER MONTHS YRS | | | IF UNDER | 24 HRS MIN. |
| 1 | | RTHPLACE STATE OR FOREIGN COUNTRY) Towa | U.S.A. | | WIDOWE | | Prince G | eorge | TY OF DE | EATH | | MD. |
| 1 | Ве | eltsville | DR OTHER INSTITUTION | 12a USUAL OCCUP (TYPE OF WORK FOR MO! Homemaker | | | KIND OI DUSTRY | F BUSINI | SS OR | | | |
| 100 | Mai Mai | al RESIDENCE (IF NURSING HOME OR STATE 13b. COUNTY 13b. COUNTY 17c. Ge | ITY | Beltsvil | N | 13d INSIDE CITY LIMITS? YES NOX | 13e STREET ADDRESS 11204 Mon | s / zip coi tgomer | be 'y Rd | . 20 | 705 | |
| 1 | 1 | ATHER'S NAME William W. Beat | | LAST | | Minnie Maud | le Finch | | | LAST | | 3) = |
| | 16a V | VAS DECEASED EVER IN U.S. AR XES NO OR UNKNOWN) (IF YES, GIV | MED FORCES? E WAR OR DATES) | 480-40-9 | | Maxine E. Nor | | e as # | _ | | | |
| | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT | ly ane cause per D BY E CAUSE (a) | line far (a), (b), and | o no | SPIRATORY | ARR | EST | | APPROXI BETWEEN C | MATE INTE | DEATH |
| | NOI | Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (| (b) DUE TO, O | R AS A CONSEQUE | NCE OF | MY ANTE | | DASE DINDITION C | GIVEN IN | PART 11c | | |
| 3 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CER | TIFYING | | | H? |
| 1 | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA | HOUR A. | M. MONTH DA | AY YEAR 19 | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF II | JURY IN ITEM 1 | 8 PART 1 OF | PART 2) | | 3.5 |
| ** | ME | WHILE NOT WHILE AT WORK 22a certify that (1) (this haspi | (AT HOME STE | e deceased from | 0.5 | STREET . 19 | _, 10 | , | . 19_2 | | that (1)(| |
| 1 | | saw the deceased alive an above (Thiwe) (did) (did no 22b. SIGN 4 1/4 | my | after death. | | | | TAFF | | 2c DATE S | | |
| | | 226 PHYSICIAN'S NAME (TYPE OF | A PRINT | COMPT | DW | | ER PARK | DRA | 24 | LAV | 107 | 07 |
| | | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 236 DATE 11-20- | 1985 Ge: | | EMETERY OR CREMATORY Cemetery | Buckingh | | ama | | Iowa | TATE |
| | | UNERAL DIRECTODONALD NAME OO Powder Mill | | ADDRESS | Md. 2 | 15 2.5 .43 | EREC'D, BY REGISTR | | STRAR'S | | URE | |

Beltsville

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP



4739 Baltimore Avenue Hyattsville, Md. 20781

- STATE

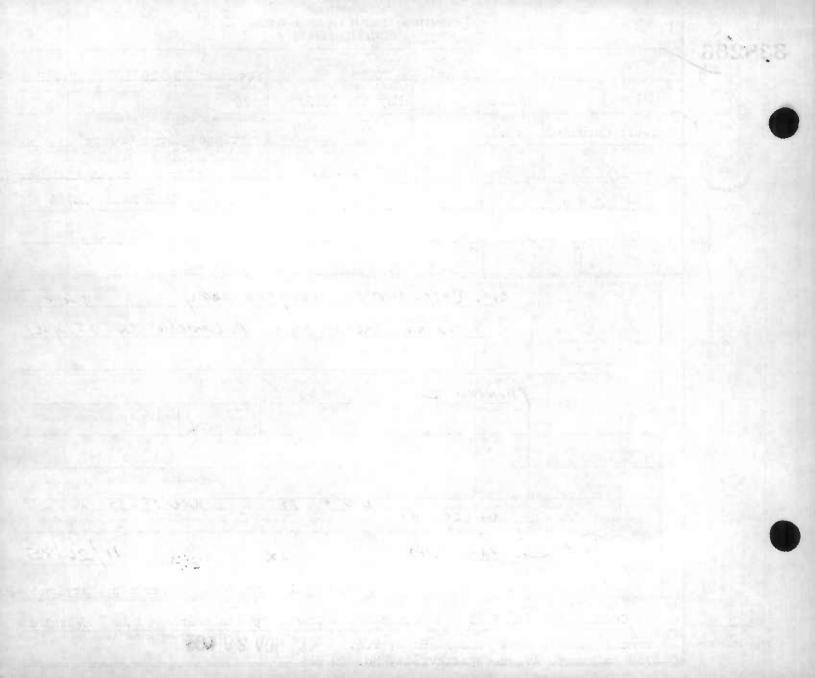
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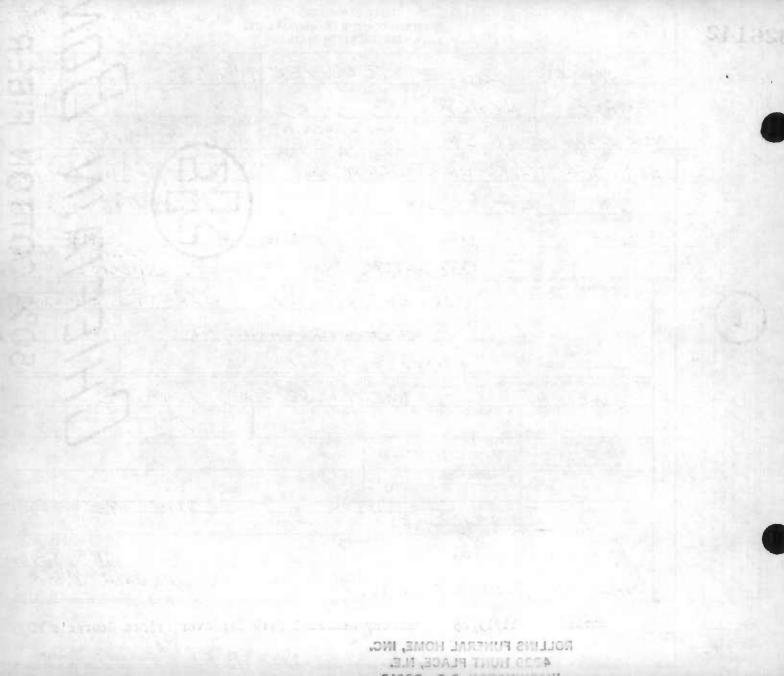
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE



| | | FOR | | | OF MARYLAND | 0 0 1 | | PIME |
|--|---------------|--|------------------------------|--|-------------------------------|----------------------------|-----------------------------|--|
| 326142 | 1 - | FOR STATE | | CERTIF | EALTH AND MENTAL HY | GIENE | OF HO | ME UST |
| ONCI | | | ucille Tolliv | ver CERTIF | ICATE OF DEATH | REG. NO | | |
| 4. m.e | | CEASED NAME FIRST | MIDDLE | - | AST | 20 DATE OF DEATH | MONTH DAY YEAR | R 2b. HOUR |
| Q 14 | | MAGGIE | 6-4CILLI | = 70 | CCIVER | 1118/85 | | d.Spm |
| u d | 1.5€ | X | RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNDER 1 YE | |
| 96 7 | F | EMACE | BCACK | 12 | 22 26 | 58 | YRS | |
| G # B # (// | | RTHPLACE I STATE OF FOREIGN . 7 | & CITIZEN OF WHAT COU | NTRYT & | NEVER MARRIED | 9 BALTIMORE CITY OF | COUNTY OF DEATH | |
| 15 16 10 | 1 | JORTH CARSCIANA | 11.5A | WIDOWE | | P.G. | COUNT | MD. |
| er o | 10. C | TY OR TOWN OF DEATH | I NAME OF HOSPITAL, N | FURSING HOME C | OTHER INSTITUTION | 120 USUAL OCCUPATION | ON 12b. KIM | DOF BUSINESS OR |
| | 41 | INDOUGR ! | 3115 BRIC | SHISEAT | RD- MD- | HOUSKEL | EPING- HOS | . A |
| P P P | APSU 13a | AT RESIDENCE IN MUNICIPO HONE ON O | | E TOWNS | 13d. INSIDECITY LIMITS? | 13e STREET ADDRESS / | TIP CODE . CI | AWDOUEK |
| 24 and 25 | | NA | 10 1 | 1. At | YES NO | 3115 BRIGH | FTSEAT RD | MD 20783 |
| 量能力 | 34. F | ATHER'S NAME | ent ta | 04) | 15. MOTHER'S MAIDEN NA | AME | | LAST |
| P 11/60 | 1 3 | SAMES | URI | GHI | McKinle | | Herr | |
| Me and we. | 1000 | | WED FORCES? IM SOCIAL | L SECURITY NO. | 17. INFORMANT | ADDRE | SS SAME | AS ABOUT |
| i i i i i i i i i i i i i i i i i i i | | The second second | 238- | 34-3530 | JAMES T | FOLLIUER. | SPOUS | E |
| BALLIMO comperment. | | 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | one cause per line far (o), | (b), and ic) F | XPIRED | 1 1 1 | APPI BETWE | ROXIMATE INTERVAL FEN ONSET AND DEATH |
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| ther the col. c. | | underlying cause last | (10 Hy) | PER 1 F | W5/0W. | 11 25 1 83 | | |
| S. 20 | - | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTIN | G TO DEATH BUT | 10 | MINAL DISEASE OR CONE | ITION GIVEN IN PART | Па |
| | Ē | WEIGH! | 1 6055 | DUE | TO PECK | CHASED HIP | PETITE | |
| VISION OF VITAL RECORDS, G PHYSICIAN The loss requir of tending physician. We buriel strand permit. They and Mermal thysierse price to Need or Nerm, 18 shopes any pulor Need or Nerm, 18 shopes any pulor | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR V | WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIN | IDINGS USED SES OF DEATH? |
| Z 20 20 20 20 20 20 20 20 20 20 20 20 20 | E | 21g. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 131. HOW IN HIRV OCCU | YES NO | YES 🗍 | NO 🗆 |
| | | OR CONTRIBUTING CAUSE OF DEATH | 110110 4 44 440017 | H DAY YEAR | ZIC NOW INJURY OCCUP | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR PART | 2) |
| N P P P P P P P P P P P P P P P P P P P | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. | 19 | 211 LOCATION | | | |
| Sio | MEE | | (AT HOME, STREET, FACTORY, C | OFFICE, FARM, ETC) | STREET | CITY OR TO | wn COUNTY | STATE |
| DIN O O O O O O O O O O O O O O O O O O O | | AT WORK AT WORK | | , , , , , | 181/ | | 10 20 | |
| Tanga Maria | | 220.1 certify that (I) (this hospital saw the deceased alive an_ | 11 Arrended the deceosed | 52 1 | nd that in (my) (pur) apınıan | death accurred on the do | te and hour and learn | the causes stated |
| THE STATE OF THE S | | above, (I) (wet (did) (did not) | view the body after-death. | | DEGREE | | | ATE SIGNED |
| 9 9 9 9 4 | | War al | Mes | 2 | ATTENDING | MEDICAL STAF | F | 12/20- |
| A S S S S S S S S S S S S S S S S S S S | | DIAMPSICIANS NAME THEOR | remit 0 | | 122 ADDDESS | DIRECTOR PHYSIC | 11.7 | 0/05 |
| HOSP Hed by Hithe ORFA | | SAMUEL | ALLEYNE | mn | 7006. N. | 1. AUE TI | AKOMA | PARK |
| 5 | 23n F | BURIAL, CREMATION, REMOVAL | 23b. DATE | Tay NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | |
| BP | 230 | (SPECIFY) Burial | 11/13/85 | | | CITY OR TOWN | COUNTY | STATE |
| | 24 F | INIERAL DIRECTOR | | 1 TOTAL MATERIAL TOTAL AND A STATE OF THE ST | Memorial Pa | | Prince Geo | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | NAME ROLLII | NS FUNERAL H | CO LEGISLA CO. | NO | V 1 8 1985 | Julia Tavidson | |
| | _ | 43 | 39 HUNT PLAC | E. N.E. | 1.,0 | - 0 1000 | / | |



| 316018 | 1. | FOR STATE REGISTRAR | | | DEP | ARTMENT OF | HEALTH AN | D MENTAL HYG | IENE | REG. NO | o. | lines . | 0 0 |
|--|---------------|--|-------------------------|---|--|------------------------|------------------|--|-----------------------|-------------------------|---------------|----------------|---------------------|
| | | CEASED NAME | FIRST | | MIDDLE | 51118 | LAST | | 20. DATE OF | | MONTH | DAY YEAR | 2b. HOUR |
| poge 3 | | CON PARINT) | HELEN | | T. | T | OMCO | | | | 11-0 | 3-85 | 8 15A |
| offic. | 3. SE | FEMALE | 4. | RACE WHITE | | 5. DATE | | 1919 | 6. AGE (INY | EARS LAST BIR | THDAY) YRS. | MONTHS DA | |
| ter death. Page he funeral direct within 72 hours | 7a. 8 | IRTHPLACE (STATE OR FO COUNTRY) PA. | REIGN 76 | U.S | | MARRI WIDOW | | R MARRIED DIVORCED | | RECITY O | _ | GE S | M |
| by the fu | (| ITY OR TOWN OF DEAT CHEVERLY | F | PR. GEO | "NURS'I | URSING HOME NG CARE | FACIL | NOITUTITZE LITY | 120 USUAL OF HOUSE | FOR MOST C | | | D OF BUSINESS OF RY |
| e de la | USU 130. | AL RESIDENCE (IF NURSIN STATE | B. COUNTY | Y | GIVE RESIDENCE 13c. CITY OR HYATTS | TOWN | 13d. INSIDE | E CITY LIMITS? | 130. STREET . | | RISON | RD. | 20784 |
| 11/1/4 | 14. F. | PAUL | MI | DDLE KR | ISO LAS | ī | 15. MOTHE | R'S MAIDEN NA | ME UNKNOW | | | | LAST |
| and and and | | WAS DECEASED EVER IN (YES, NO OR UNKNOWN) | | ED FORCES? WAR OR DATES) | | SECURITY NO. 6-5603 | PAUL | TOMCO | | SAN | | ITEM : | #13 |
| g physicio ion popers. removal. event, the | | 18. CAUSE OF DEATH PART I. DEATH WA | (Enter only S CAUSED | one couse per BY: | line for (o), (| SUDDA | ~ 0 | a as A | | | | BETWE | ROXIMATE INTERVAL |
| n signed by the Then please re- to buriol, cren injury, ar ather | NO | equipment of the course of the | lost. | (c) | | G TO DEATH BU | T NOT RELAT | ED TO THE TERM | INAL DISEAS | E OR CON | DITION G | IVEN IN PART | l tro |
| hos been to permit. I permit. Sows any | CERTIFICATION | 190. DATE OF OPERATION | NC | 19b. CONDITION FOR WHICH OPERATION WAS PERFOR | | | FORMED | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO | | | | SES OF DEATH? | |
| al-trace al-trace at 18 | | 218. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA | USE OF DEATH | 21b. TIME O HOUR A. P. | M. MONTH | DAY YEAR | 21c. HOW | INJURY OCCUR | RED (ENTERNA | TURE OF INJUI | RY IN ITEM 18 | PART OR PART | 2) |
| e os the buri alth and Mer marked ar th | MEDICAL | 21d. INJURY OCCURRE | | 21e PLACE | OF INJURY REET, FACTORY, O | FFICE, FARM, ETC.) | 21f. LOCA STR | TION | | CITY OR TO | wn | COUNTY | STATE |
| DIRECTOR: A sched for use Dept. of Healt I tem 21 is me | | 27a.1 certify for III (to sow the decessed about III) at (de | THE CITY | I) attended the | | - | | ny) (or) opinion | , to death accurre | d on the de | ote and ha | | 1 |
| RAL DIRE detached rate Dept | | The SIGNATURE | W. | 0 | | h | DEGREE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAI | FF CIAN [| 11/ | 3/83 |
| TO FUNERAL Candidates with the Store Candida | | PSUT | 886 | 1 m | 70.4 | uslono | 122° ADDR | O Crea | mey | Cor | pro | heda | icland |
| w > ≤ | | BURIAL, CREMATION, RI (SPECIFY) CREMATION | EMOVAL | 23b. DATE 11-5-1 | .985 | | | R CREMATORY MATORY | | TION OR TOWN ERDA | LE, | P.G.C | STATE Md |
| 16 50M 4/B2 A 15, 4) | | W. CHAMBE | RS CO. | | | RIVERDAI | E.Md.2 | A | OY O | egistrar 198 | 25h. REGIS | STRAR'S SIGN | IATURE |

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| VISION OF YELD MECONDS, 201 W. PRESION ST., BALLIMOKE, MAKELMAN 21-201 | S PHYSICIAN. The law requires that the death contains executed within 24 hours after death. Fage 4 strending physician. | the benditions had been signed by the attending physican and completely tilled in by the funeral directors the build-frontis permit. Then please remark on physican property ages 1 and 2 signal be fided with A22 boars of | one were in the second of seconds |
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318162

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYC | GIENE REG | NO | and a | |
|---|---|---|-------------------|---|-----------------------|------------------|---------------------------------------|-----------------------------|
| | John J Tongas | | 20. DATE OF DEATH | | 1985 | 26 HOUR 8:55ª | | |
| Male | 4 RACE Wh | ite | 5. DATE OF MONTH | | 6 AGE (IN YEARS LAST | BIRTHDAY) YRS | IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. |
| BIRTHPLACE ISLATE OR FOREK COUNTRY) Massachusetts | setts U.S.A. MARRIED NEVER MARRIED Prince Georges | | | | | MD | | |
| inton | Souther | HOSPITAL, NURSII CHFACILITY, GIVE STREET MATYLA | nd Hos | ATION STOF WORKING L | IFE) INDUSTRY | F BUSINESS OR | | |
| Maryland Ch | OME OR OTHER INSTITUTION COUNTY LATIES | GIVE RESIDENCE BEFOR | VN | 13d INSIDE CITY LIMITS? YES X NO [| 13e STREET ADDRES | s / ZIP COD | E 200 Dr. | 501 |
| FATHER'S NAME FIRST George | MIDDLE J. | Touga | | 15 MOTHER'S MAIDEN NA FIRST Harriet | MIDDL | | | rier |
| 60 WAS DECEASED EVER IN U 15, NO OR UNKNOWN) Yes | .S. ARMED FORCES? YES. GIVE WAR OR DATES) | 013-16- | | Lillian M. | Tougas Wa | Cedar ldorf, | wood Dr. | |
| cause (a), stating underlying cause to PART 2. OTHER SIGNIFIC | PART 2. OTHER SIGNIFICANT CONDITIONS CO | | | NOT RELATED TO THE TERM | AINAL DISEASE OR CO | 20b. IF YE | S, WERE FINDI | NGS USED |
| 21a ACCIDENT WAS UNDERLY | OF DEATH HOUR A | .M. MONTH D | | 21c. HOW INJURY OCCUR | YES NO | Y | IFYING CAUSES ES [] PART I OR PART 2) | OF DEATH? |
| (IF EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED ILE NOT WHILE AT WORK | 21e PLACE | .M. OF INJURY REET FACTORY, OFFICE | FARM, ETC.) | 2H LOCATION STREET | СПУО | RIOWN | COUNTY | STATE |
| | haspital) attended to ive an NOV. did not) view the bad | 8 19 | 80 .01 | nd that in (my) (aur) apinian | death accurred on the | e date and ha | | |
| 226 SIGNATURE | (TYRE OR PRINT) | Jan . | H,O | ATTENDING PHYSICIAN | DIRECTOR PHY | TAFF SICIAN 🗆 | 22c. DATE | 1_8_T |
| CYRUS Ba. BURIAL, CREMATION, REM | DHID | YAR 1230 | NAME OF C | 9446 MARLE | 3026 PIK | E UPF | HARLE | BORD, M |
| Burial | 11/12, | /85 Ma | rylan | d Veterans Ce | m. Chelte | | | aryland |
| FUNERAL DIRECTOR GEO | rge P. Kal xon Hill F | | | | OV 1.2 109 | | TRAR'S SIGNAT | |

DHMH - 16 60M 7/84 (VRA 15, 4)

| November 9 1985 8:55 m | TOTAL COLUMN | τ. | John | |
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| 29 | ehrungy 25, 1919 | 3 i 1 | 9 | |
| segroal conir. | * | J.a.u. | ##************************************ | |
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| ou e learned r. | | 47-14-47 m-m-49+ | Two cor | .2 |
| Cheltenbam R.G. Paryland | Allend Veterans Van | 1 /12/05 Your | Seozyne | |

STATE OF MARYLAND

| V | STATE | DEP | | EALTH AND MENTAL HYD | FEG. N | 10 | | |
|---------------|---|--|--------------------|------------------------------|--------------------------|--------------------|---------------|----------------------------------|
| | CEASED NAME FIRST | MIDDLE | 1) | AST | 20 DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| I Ame | Hazel | W. | Iraq. | eser | | 11-1 | 9-85 | 7:15 M |
| 1. 5E | X _A | RACE | 5. DATE O | | 6. AGE (IN YEARS LAST BI | _ | HUNDER I YEAR | #F UNDER 24 HRS. HOURS MIN. |
| | temule | White | OH | - 21 - 20 | 65 | YRS. | DATS | HOURS MIN, |
| | IRTHPLACE (STATE OR FOREIGN 7 | b. CITIZEN OF WHAT COUN | TRY? 8 MARRIED | □ NEVER MARRIED □ | 9. BALTIMORE CITY | | | |
| 0 | Klahoma | United States | WIDOWE | | Prince Ge | orge's | | MD. |
| 10. C | ITY OR TOWN OF DEATH | NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE | | R OTHER INSTITUTION | 120. USUAL OCCUPAT | | | F BUSINESS OR |
| 1 | argo, md | Manor Ca | ce Lu | rao, md- | Legislativ | e Assi | a tanter t | J.S. Govt |
| | AL RESIDENCE UP HUMBING HOME OR C | | | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | / 7ID CODE | | |
| MA | aryland P.G. | Hugh | teville | YES NO | 713 CD | | Lenu | € 20783 |
| 1 | ATHER'S NAME | 1114-11 | | 15. MOTHER'S MAIDEN NA | ME | | 2 011 00 | 20703 |
| r | John M | IDDLE | ton | COLF TIP | MIDDLE | | FILAS | |
| | WAS DECEASED EVER IN U.S. ARM | NED FORCES? 166 SOCIAL | SECURITY NO. | 17. INFORMANT (Son | ADDE | €\$54 C1 | ougtor | Street |
| | YES, NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | Un-73N2 | Charles W. T | raccor II | T Chum | ohton | Md. 2073 |
| | 18 CAUSE OF DEATH (Enter only | ana sawa nas lina tas (a) (| hi and is i | CHALLES W. I | rageser, II | <u> </u> | APPROXI | MATE INTERVAL DISET AND DEATH |
| | PART I. DEATH WAS CAUSED | BY: | 100 M | 7 MANGET | | | BEIMEEN | JINSET AND DEATH |
| | IMMEDIATE | | | C 107 | | | | |
| | Canditions, if ony, which | DUE TO, OR AS A CONS | SEQUENCE OF | UMA TU | BHAIN | | | |
| | gave rise to immediate | (b) | | 011111 | 121/11/10 | | | |
| | couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF LYMN 1+7.MM | | | | | | | |
| | ALDY O CYUED CHONIES AND CO | , (c) | | | uhlu alegues an ear | | | |
| Z | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING | 3 TO DEATH BUT | NOT RELATED TO THE TERM | VINAL DISEASE OK COL | NDITION GIVE | EN IN PART 16 | 3 |
| CERTIFICATION | 19s DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION | N WAS PERFORMED | 20g AUTOPSY? | 20b. IF YES. | WERE FINDIN | IGS LISED |
| H | | | | | | IN CERTIFY YES | ING CAUSES | OF DEATH? |
| ERT | 710. ACCIDENT WAS UNDERLYING | 716 TIME OF INJURY | | 21c HOW INJURY OCCUR | YES NO | | | NO 🗌 |
| | OR CONTRIBUTING CAUSE OF DEAT | HOUR A.M. MONTH | DAY YEAR | THE THE PROPERTY OF COME | NED TENTER MATORE OF MAR | JKT II4 IICM IB FA | ATTORTANT 2) | |
| WEDSCAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | 211 LOCATION | | | | |
| Ä | MHILE NOT WHILE | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O | OFFICE, FARM ETC) | STREET | CITY OR TO | NWC | COUNTY | STATE |
| | WORK AI WORK | | | | | 1 - | | |
| | 22a I certify that (1) (this haspita | all attended the deceased f | | 19_5 | 10 NOV | 1 | | that (I) (we) last |
| | saw the deceased alive an_ abave, (1) (we) (did) (did not) | view the bady after death. | | d that in (my) (aur) apinian | death occurred on the c | lote and haur | and fram the | causes stated |
| | 22h. SIGNATURE | nimm |) | DEGREE | AMPRICAL STA | | 22c DATE | SIGNED |
| 1 | 1/Vulle | 201111 | | | DIRECTOR PHYSI | CIAN | 11-1 | 9-85 |
| | 224. PHYSICIAN'S NAME TYPE OR | PRINT) | | 27e. ADDRESS | 1 10 | 1 .0 | | 1 |
| | Well It it | leade | Jan 19 V | 6501 Lan | deres Rd | , cen | eval | y Mid |
| 23a. | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c. NAME OF CE | EMETERY OR CREMATORY | 23d LOCATION | | Services | STATE |
| | Burial | 11/22/85 | George V | Washington Ce | m. Hyattsvi | lle P | .G. M | aryland |

DHMH - 16 50M 4/83 (VRA 15, 4)

Frame is Regard's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

250. DATE REC'D, BY REGISTERATE THE RECISTRANS AND THE NOV-2.5

State Switch Land 11 to 12 to 45-61-11

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| R | EG. | NO. | |
|---|-----|-----|--|

| 1 | | REGISTRAR | | | | CERTIF | CERTIFICATE OF DEATH REG. NO. | | | | | | |
|---|---------------|---------------------------------------|--------------|------------------------------|------------------------------|---|-------------------------------|--------------------------|--|--------------------------|----------------------------------|--|--|
| | | EASED NAME | FIRST | ۸ | AIDDLE | ı | AST | | | AY YEAR | 2b HOUR | | |
| | (TIPE O | | James | 1 | Revin | S Turne | V | November | N3 19 | 85 | 12:30AM | | |
| 7 | 3. SEX | | | 4. RACE | | E DATE C | F BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) I | IF UNDER I YEAR | IF UNDER 24 HRS | | |
| | | Male | cauca | | 2 MONTH | 21 ^{PAY} 1903 | 82 | YRS. | | HOURS MIN. | | | |
| | CC | THPLACE (STATE OR I | | 76 CITIZEN OF | | TRY? 8 | NEVER MARRIED | 9. BALTIMORE CITY O | | | | | |
| 1 | No | orth Car | | | | WIDOWE | D DNORCED | | Prince Georges County MD. 1120 USUAL OCCUPATION 12b KIND OF BUSINESS OR | | | | |
| 4 | 10. CIT | 10. CITY OR TOWN OF DEATH | | | | STREET ADDRESS) | | | | | | | |
| 7 | USUAI | Laurel LRESIDENCE (IF NURS | ING HOME OR | OTHER INSTITUTION | | | ille nospital | Mechanic | - | PInge | :1 | | |
| | 13a. ST | | 13b. COUN | | 13c CITY OR | | 136 INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | 20707 | , | | |
| 4 | 14 FAT | Md. HER'S NAME | P.0 | J. | Lau | rer | YES NO.X | 337 11th | DL. | 20707 | | | |
| 0 | I A | Henry | _ | Allen | T. | urney | Ebbie | MIDDLE Lee | 2 | LAST E | Be11 | | |
| i | | AS DECEASED EVER | | | | SECURITY NO. | 17 INFORMANT | ADDRE | SS | | | | |
| | (YE | s, no or unknown) No | (IF YES, GIV | E WAR OR DATES) | 216- | 10-7020 | Stella Tu: | rney same | e as 1 | L3e . | | | |
| | N. | 18 CAUSE OF DEAT | H (Enter on | ly one couse per | line for to), (| | a ARALLITI | 44 04 | , | BETWEEN | MATE INTERVAL ONSET AND DEATH | | |
| 1 | | | | E CAUSE (a) | VER | TOULVLA | The MUCKETUTA | M 14 | | | | | |
| 1 | 15 | Conditions, if any, | and in | DUE TO, OF | 1 MPN | FOUNTE OF | ARTERY DIS | FACE | | | | | |
| | | gove rise to imr | | | | | | | | | | | |
| | | underlying cause | | DUE TO, OF | ATHE | LOICIBI | 20TIC CARDI | OVASIVLAR | 113EAS | E | | | |
| 1 | | PART 2. OTHER SIGN | VIFICANTO | ONDITIONS CO | NTRIBUTING | TO DEATH BUT | NOT RELATED TO THE TERM | | DITION GIVE | N IN PART 110 | | | |
| Ą | CERTIFICATION | 90 DATE OF OPERA | TION | 196 CONDI | TION FOR W | HICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN | | | |
| 1 | TIFIC | 11/1/85 | | CARO | TID ST | ENOSIJ | | YES NOT | | TIFYING CAUSES OF DEATH? | | | |
| Ŋ | | 21a. ACCIDENT WAS UNI | _ | 21b. TIME O | | DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1.0 | | | | | | | |
| 7 | SE | OR CONTRIBUTING | | III | | 19 | | | | | | | |
| | MEDICAL | 216 INJURY OCCUR | | 21e PLACE ((AT HOME, STR | OF INJURY EET, FACTORY, O | FFICE FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | wn | COUNTY | STATE | | |
| 1 | | AT WORK AT WO | RK L | | | | IA. | -// | | - | | | |
| ď | | 220.1 certify that (1) | | 111 | 01 | 1 - | nd that in (my) (aur) apinian | death accurred on the de | ate and have | | that (we) lost | | |
| | - | saw the decease abave, (I) (we) (c | id) (did na | t) view the bady | after death. | 0) | DEGREA | acom accorded on the ac | are drid riddr | 27r DATE | SIGNED. | | |
| | | | U | artig | udu | | ATTENDING PHYSICIAN | MEDICAL STAI | | 11/2 | 5/85 | | |
| Ť | | 224 PHYSICIAN'S N | AME (TYPE O | R PRINT) | | | 22e ADDRESS | /- 5 5 | - | | 1 | | |
| | | ES | MH | C+/HD0 | | | 1251 JKIN | CE GED S | 5) | | | | |
| | | JRIAL, CREMATION, | REMOVAL | 23b. DATE | -01 | | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY COUNTY | STATE | | |
| | 24 ELIN | Buri NERAL DIRECTOR | al | 11-3 | 13 | | ill Cem. | LAUREL | July DECICE | | MIS. | | |
| | | NAME | | 70 | ADD | RESS | NI | V U 6 1985 | 40° at | 12-1-1-1-15 | indable . | | |
| | 1-6 | ENK F. | 4. 7 | IN. | 1.11.0 | ~/ M | D. 20757 | 0 1000 | بانج مياه سار | writecon-1 | unice was | | |

DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REG. | NO. | | |
|------|----|-------|-------|-----|--|
| DATE | OF | DEATH | MONTH | DAY | |

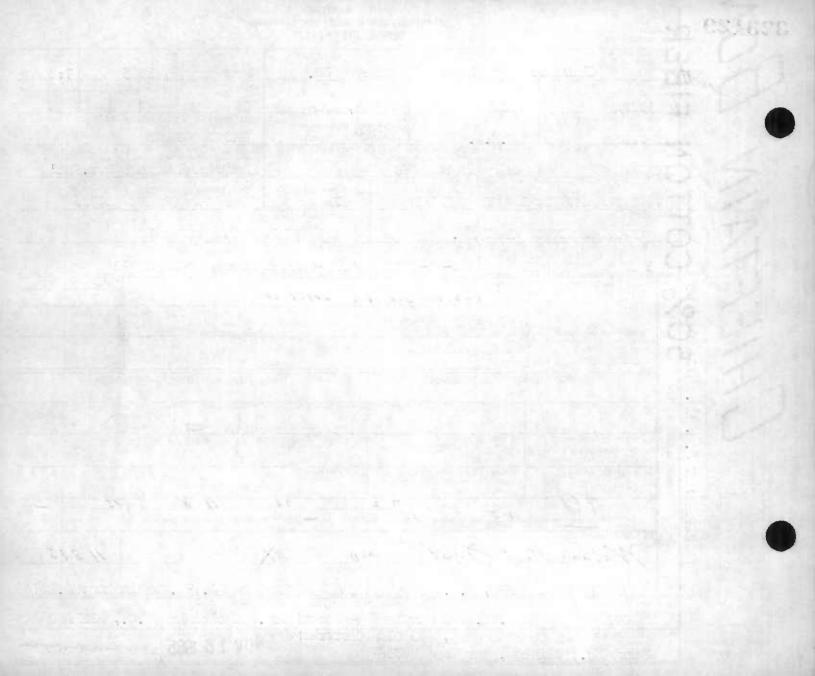
| REGISTRAR | | | CERTIFIC | AIE OF DEATH | REG. 1 | NO. | | |
|--------------------------------|--|-----------------------------------|-------------|----------------------------|--------------------------|--------------------|-----------------|-----------------------------------|
| 1. DECEASED NAME | FIRST | WIDDLE | LAS | 1 | 20 DATE OF DEATH | | AY YEAR | 2b HOUR |
| (TYPE OR PRINT) | Clarence | Elmer | Vine | y JR. | November | 08. 198 | 5 | 7:00A M |
| 3 SEX | 4 RACE | | S. DATE OF | BIRTH | 6. AGE (IN YEARS LAST B | IRTHDAY) | FUNDER I YEAR | IF UNDER 24 HRS |
| MALE | WH | rm _E | May 2 | 1. 1926 YEAR | 59 | YRS | ONTHS DAYS | HOURS MIN. |
| To BIRTHPLACE ISTATE | | N OF WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY | | OF DEATH | |
| ARKANSAS | II | S.A. | WIDOWED | NEVER MARRIED DIVORCED | PRINCE G | FORCE | | 445 |
| 10 CITY OR TOWN OF | DEATH 11. NAM | E OF HOSPITAL, NURSIN | IG HOME OR | | 120. USUAL OCCUPA | | 126 KIND O | MD. OF BUSINESS OR |
| CLINTON | 8408 | T IN SUCH FACILITY, GIVE STREET A | | | SheetMeta | | | Ret'D |
| USUAL RESIDENCE (IF | NURSING HOME OF OTHER INST | TUTION GIVE RESIDENCE BEFORE | ADMISSION) | |) Sheetmeta | TWOTVET | I FVL. | REC D |
| MARYLAND | PRINCE GEO | RGE CLINTON | | 36. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | SA AVE | 2073 | 5 |
| 14. FATHER'S NAME | FIGURE GLO | WELL CELLIATOR | | 5 MOTHER'S MAIDEN NA | | JOH AVE | 2013 | 3 |
| FIRST TA DE'NY | CE ELMER VII | TEV CD | | FIRST | WIDDLE | סיבוויים | LAS | л |
| | VER IN U.S. ARMED FOR | | RITY NO | OLLII 17 INFORMANT | E MAE FO | RTNER | | |
| (YES, NO OR UNKNOWN | (IF YES GIVE WAR OR D. | | | Wife-Lorene | Vinor an | mo 2a # | 12 | |
| | JW W II | | | MTTG-TOTELIE | e viney, sai | ite as # | | MATE INTERVAL |
| PART I. DEAT | HIMAE CALICED BY | ise per line for (01, (b), one | | a accident | | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | IMMEDIATE CAUSE | (o) Ceacha. | rasest | A RECEIRCA | | | | |
| | DUE | TOOOR AS A CONSEQUE | NCE OF | | | | | |
| Conditions, if a | | (b) | | | | | | |
| couse (o), st underlying co | oting the DUE | TO, OR AS A CONSEQUE | NCE OF | | | | | |
| | | (c) | | | | | | |
| PART 2 OTHER S | IGNIFICANT CONDITIO | NS CONTRIBUTING TO D | DEATH BUT N | OT RELATED TO THE TERM | MINAL DISEASE OR COM | NDITION GIVE | N IN PART 110 | 5 |
| NO 190 DATE OF OPE | | | | | | | | |
| 190 DATE OF OPE | RATION 196. C | CONDITION FOR WHICH | OPERATION | WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN | |
| E | | | | | YES NOW | YES | | NO 🗌 |
| 00.000.000.000.000.00 | | IME OF INJURY JR A.M. MONTH DA | Y YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF IN) | URY IN ITEM 18 PAR | RT 1 OR PART 21 | |
| S (IF EITHER NOTIFY | | P.M. | 19 | | | | | |
| (IF EITHER NOTIFY A | (AT NO | LACE OF INJURY | | 211 LOCATION | CITY OR I | OWN | COUNTY | STATE |
| | T WHILE WORK | | Ann Ere y | | | | | |
| | (1) (this hospital) attend | | 7.2 | 19 75 | | . 1 | 9 \$5 | that (I) (we) last |
| sow the dec | eosed olive on // | S 19 8 | , and | that in (my) (our) opinion | death occurred an the | date and hour | and from the | couses stated |
| 22b. SIGNATURE | A The state of the | body dire: dedin. | DE | GREE | | | 22c. DATE | SIGNED |
| Will | lean Head | Tunt | N | D ATTENDING | MEDICAL STA | | 11 | 895 |
| 22d PHYSICIAN'S | NAME (TYPE OF PRINT) | | | 22e ADDRESS | | | | |
| WITTE | AM KENT FUR | CT M TO | | 11701 Livino | reton Dd E | t Wachi | naton | MA 2074/ |
| 23a. BURIAL, CREMATIC | | | IAME OF CEA | AETERY OR CREMATORY | | c.wasiii | riguon, | PM. 20/44 |
| BURIAL (| | | | Veterans Cer | CITY OF TOWN | ham P C | COUNTY | T.ANDSTATE |
| | | | mile. | Joyandort 250 DA | | | | |

BP. DHMH - 16 60M 7/B4

(VRA 15, 4)

LEE FUNERAL HOME, 6633 OLG ALEXANGE Ferry Rd., Clinton, Maryland 20735

NOV 15 1935 Geria warden Hondin



| | | | FOR | | | | DEPARTA | STATE | | ARYLAN | | YGIENE | 5 | 3 | 2 | - 4 | 0 | 3 |
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| | 22 52 52 F. | (TYP | OR PRINT) | KA | REN | | | WASH | INGT | ON | | | OF DEATH A | AATED | 11 | -13- | 85 | |
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| | S NECESSARY, PLEASE FUNKRAL DIRECTOR. E 5 FOR YOUR FILES. D WITHIN 72 HOURS MESTON STREET. | 1 | | Md. | | S.A. | | | WIDOW | | DIVORC | | | Geor | | | | |
| | と言う言う / | 0 | TY OR JOWN O | | | | | SING HOME; | | | ION | 120 USUAL | OF MORKIN | IC LIEE) | OF WOR | 0 | ND OF BUR INDUST | |
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| | TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND; 2 | | EXAMINER'S N (TYPE OR PRIN | Mar | garit | a A. | Kore1 | 1,M.D. | AL. | ADDRESS | 111 | Penn S | stree | t | | | | h |
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west and constant fitting of the sales ARREST AND BRADE STATE ROLLINS FINTER! HOTE, INC. 4535 BURNS PLACE, N.S.

1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGI REGISTRAR REG. NO 337053 DECEASED NAME 20. DATE KNOWN IT MONTH (1996 OK PRINT) OF ESTI-5EX AGE (IN YEARS DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR A BIRTHPLACE MARRIED 3- NEVER MARRIED X POWEIGN COUNTRYS U.S.A DIVORCED OWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Private Nurse Annie E. Potts Henry Wallace 16b SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 246-56-3570 Elizabeth L. Wallace, dtr.same address No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM ETC 1 STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 220 I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) DATE /01/5/90 MEDICAL EXAMINER John S. Rogers, M.D., Dep, 230. BURIAL, CREMATION, REMOVAL 236 DATE Burial Nov.21, 1985 Harmony Memorial Park Highland Park, Maryland BP 07/84 24 FUNERAL DIRECTOR MCGuire Funeral Service, Inc. 25M 25b. REGISTRAR'S SIGNATURE **DHMH - 17** 7400 Georgia Ave. NW, Washington, DC 20012 (VR A15 ME (5))

STATE OF MARYLAND

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| within 24 haurs after death filled in by the funeral bon pagets. Pages 1 and 5 | THE COL | D | ity or town of DEATH istrict Hgt | s. | 1. NAME OF HOSPITAL OR IN live street oddress) 1947 Addis | on Rd. | So. during | UAL OCCUPATION (King most of working life, omemaker | even if retired.) | 12b. KIND OF I INDUSTRY Own H | |
| | went, |]\$0. odmi | USUAL RESIDENCE (Where de ssion) STATE D.C. | ceased lived, 11st COUNT | | | own 13d. INSIDE CITY STOP YES T | LIMITS? 13e. STREET | and Number 35th St | ., N.E. | 1449 |
| e de la company | En / | 14. F | ATHER'S NAME First | Midd | | | NOTHER'S MAIDEN NAME | | Middle | | Last |
| be n all | 巻〇八 | 14 | William | | Jones | | Rosie | 9 | | Chew | |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached far use as the burial-transit permit. Then please rentage carbon pages. Pages 1 and | burial, cremation, ar removal, and internal 1f1ed/Approved | У | WAS DECEASED EVER IN U.S. es, na, ar unknown) (If yes) | ARMED FORCES? give war ar dates of service | 16b. SOCIAL SECURITY 578-74- | | ter Coate | es-Same | Address # 13 | above | |
| cer The p | ΔO OΔ | | 18. CAUSE OF DEATH (Ente | r only ane cause p | | | | | | APPROXIM | ATE INTERVAL ISET AND DEATH |
| equires that the death ce physician. signed by the attending burial-transit permit. Th | or re | | PART I. DEATH WAS CA | USED BY: EDIATE CAUSE (o) _ | Cancer of | the Sto | omach | | | | year |
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| The law requires the attending physician. has been signed by | 1 f | | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTR | RIBUTING TO DEATH BUT N | IOT RELATED TO T | HE TERMINAL DISEASE OF | CONDITION GIVEN IN | ART 1(a) | | |
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| tten tten as t | D. Z | CERTIFICATION | 170. DATE OF OPERATION | 90. CONDITION FOR | WHICH OPERATION WAS PI | KYUKMED | 20a. AUTOPSY? | CALIEFE OF F | WERE FINDINGS CO DEATH? | INSIDERED IN CEI | RTIFYING |
| or or te h | eor | CERT | 210. ACCIDENT WAS UNDER | LYING 215 TIM | E OF INJURY | 21c HOW | INJURY OCCURRED (Ent | | Part I or Part 1 II | 10. | 100 |
| ICIAN pital riffica d far | in the | DICAL | OR CONTRIBUTING CAUSE OF | DEATH HOUR A | .M. Manth Day Year .M. | 9 | | | run i ur run 2, ii | em 10.) | |
| O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the | Exam. | ME | at work at work | | RY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. | 100 | | | | Caunty | State |
| ING Dy therefore de d | 章 闰 | | 220 certify that (1) | (this hespital) | attended the deceas | ed fram Ja | nuary 19_ | 85 to Nove | mber 19 | that | (1) Lwel Tast |
| ed led led led led led led led led led l | he S | | saw the deceased | alive on | OCT . 23 | 1983, and t | hat in (mv) (out) as | oinian death accur | red on the dat | e and haur a | nd fram the |
| To tain to the to the total | e filed with the Medical | | 22b. SIGNATURE | ave, (I) [We) [o | id) (did nat) view the | body after de | irn. | | 1 22- 0 | ATE CIONED | |
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| HO. | non. | 23a | BURIAL PREMATION, 2 | Bb. DATE | 23c. NAME OF | CEMETERY OR CR | EMATORY _ | 23d. LOCATION (Ci | | (Caunty)/ | (State) |
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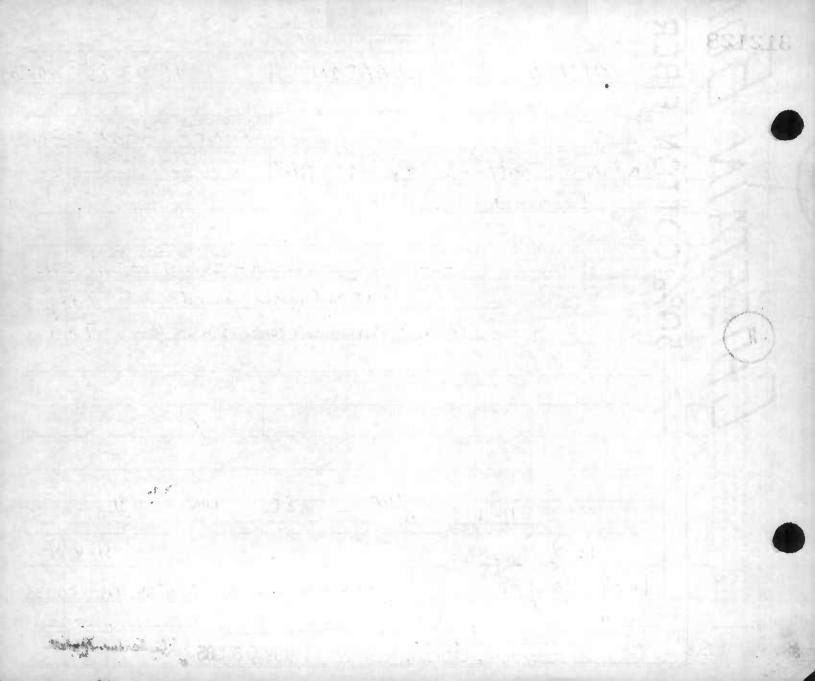
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Old Alexander Ferry Road, Clinton, Maryland

DIVISION OF VITAL RECORDS.

(VRA 15, 4) 6633

STATE OF MARYLAND



STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | | RST | MIDDLE | , l | AST | 20 DATE OF DEATH | MONTH | DAY | YE AR | 2b. HOL | JR |
| (14) | PE OR PRINT) De | nise | | We | iner | Novemb | ber | 8, 1 | .985 | 7:0 | 0 A _M |
| 3. SE | EX | 4. RACE | | S. DATE C | | 6. AGE (IN YEARS LAST BIRT | THDAY) | MONTHS. | RIYEAR | IF UNDER | R 24 HRS |
| 2 | Female | White | 9 | Nove | mber 24,1943 | 4: | 1 YRS. | MONTHS | DATS | HOURS | MIN, |
| 70. 8 | BIRTHPLACE (STATE OR FORE | IGN 76 CITIZEN OF | WHAT COUNTRY? | 8 MADDIE | D TO NEVER MARRIED | 9. BALTIMORE CITY O | R COUNT | Y OF DE | ATH | | |
| 1 | France | Franc | | WIDOW | ED DIVORCED | Prince Geo | | Cou | nty, | | MD. |
| | CITY OR TOWN OF DEATH | (IF NOT IN SUC | CH FACILITY, GIVE STREET A | DDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION OF WORK FOR MOST OF | F WORKING | IFE) IND | KIND OF | | ESS OR |
| | follege Park | | Rhode Isl | | Avenue | Research As | ssoc. | | Scie | nce | |
| USU 130. | JAL RESIDENCE (# NURSING STATE 13b | HOME OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 113d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / | ZIP COD | DE . | | | |
| | | Pr. Geo. | College | Pk. | YES X NO | 8401 Rhode | | | Ave. | /20 | 740 |
| 14) F | ATHER'S NAME | WIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | ME | | | LAST | | |
| - | Maurice | | Phal | | Charlotte | | | | Joi | lnin | |
| | WAS DECEASED EVER IN U | J.S. ARMED FORCES? | 166 SOCIAL SECUR | RITY NO. | 17 INFORMANT | ADDRE | SS | | | | |
| | (YES, NO OR UNKNOWN) (II | TES, GIVE WAR OR DATES) | 048-46-2 | 2347 | John Weiner | Husband, Sa | ame a | | | | |
| | | nter only one couse per | line for (a), (b), and | lieut | | | | 8 | APPROXIA | NATE INTE | RVAI DÉATH |
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the buriol-transit permit with the State Dept. of Health and Mental Hygiene prio

IMPORTANT: If hem 21 is

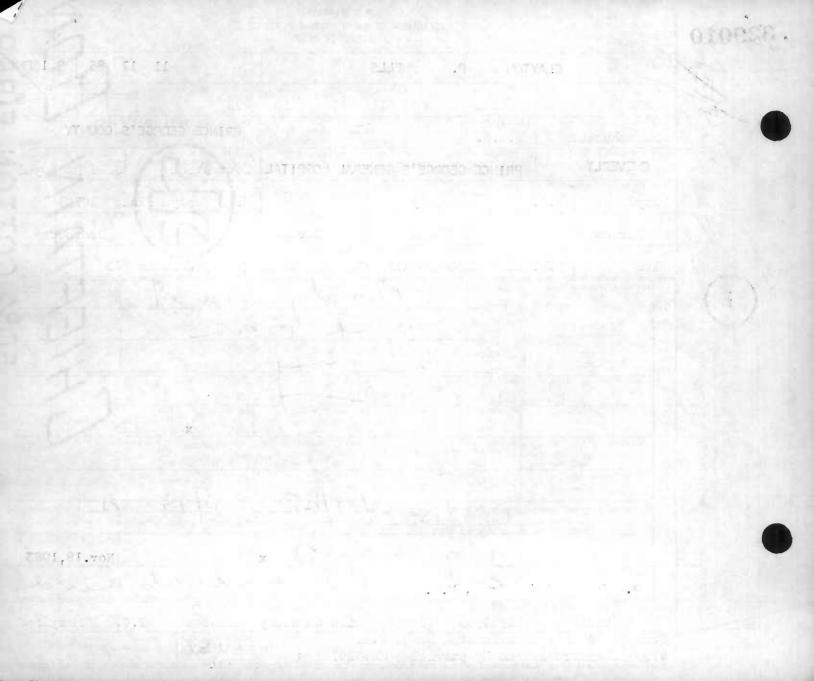
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DEP

| STATE OF MAKTEAND | 63 | | 0 |
|--------------------------------------|----|--------|---|
| ARTMENT OF HEALTH AND MENTAL HYGIENE | 6 | | |
| CERTIFICATE OF DEATH | | PEG NO | |

| 1 | REGISTRAR | | | EKTITICATE OF | DEATH | REG | . NO. | | | |
|--------------|---|---|--|------------------------|------------------------|--|---|--------------|------------------------|-------------------------|
| | CEASED NAME FIRST CLA | YTON F | | LLS | | 20. DATE OF DEATH | 11 | 17 | 85 | 9 10PM |
| 1 SE | Х | 4 RACE | 5. | DATE OF BIRTH | VEAD | 6 AGE (IN YEARS LAS | BIRTHDAY) | IF UNDER | DATS | IF UNDER 24 HRS |
| <i>d</i> . | Male | White | | OI 27 | 1910 | 75 | YRS | | | |
| | RTHPLACE (STATE OR FOREIGN COUNTRY) | U.S.A. | ٨ | AARRIED NEVE | R MARRIED DIVORCED | 9 BALTIMORE CIT | GEORGI | E'S C | OUN. | TY |
| | CHEVERLY | PRINCE (| SPITAL, NURSING H CILITY GIVE STREET ADDR GEORGE'S | GENERAL H | | 120. USUAL OCCUP (TYPE OF WORK FOR MO Tour Age | ST OF WORKING | INDU Se. | KIND O USIRY 1 J | of Business or Employed |
| 13a. S | aryland P.G | NOTHER INSTITUTION GIVE NTY 13, | eresidence before ADM CITY OR TOWN heverly | 13d. INSIDE | NO [| 130 STREET ADDRESS 6303 Jos | lyn P. | lace | 207 | 785 |
| 14. FA | ATHER'S NAME Herman | WIDDLE | Wells | 15. MOTHE | R'S MAIDEN NAME Bertha | ME MIDDL | Ē | I | Dear | rborn |
| 160 V | WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (LEYES CH YES W.W | C INTER OR DATES | SOCIAL SECURITY 84-01-021 | | | s (Wife) S | ame as | s #13 | - 1 | |
| NOTION | PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 THEP'S GNIF | DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT | S A CONSEQUENCE S A CONSEQUENCE RIBUTING TO DEA | OF / L | - | INAL DISEASE OR CO | State of the Control | GIVEN IN P | | |
| ~ | | | | Market Street | | YES NO D | IN CER | TIFYING CA | AUSES | OF DEATH? |
| MEDICAL CERT | 21a. ACCEPAT WAS UNDERLYING ON CONTRIBUTING IF ETHER NOTHS MEDICAL EXAMINED 214. INJURY OCCURRED | THE RESERVE TO SERVE THE PARTY OF THE PARTY | MONTH DAY | YEAR 10 211 LOCA | | RED (SINTER-ANTURE CR.) | NJURY IN ITEM II | E 9481) Q89 | MIT III | |
| MEI | AT HOSE CO ST WOLL CO | TAT HOME STREET | FACTORS, CHRICK, FARM. | | le o | 0000 | rown | COU | pul's | STATE |
| | 22a 1 certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no | 1/// | 120 | | (r) (our) opinian (| deoth occurred all th | e dote ond h | | | |
| | 22b. SIGNATURE | 77 | 9 (8 | DEGREE | ATTENDING PHYSICIAN D | MEDICAL S DIRECTOR PHY | TAFF SICIAN | | | SIGNED 18,1985 |
| | R. Limpuangth | 6 1 | M.D. | 220 ADDS | | hade | ne | 1/2 | _ | ill |
| | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 11/21/85 | | e of CEMETERY C | | y Clinton | | P.G. | · 1 | Maryland |
| | remerse Gasch's 739 Baltimore A | | 1270004 | | 25a DAT | | AR 25b. REG | ISTRAR'S S | IGNAT | URE |

DHMH - 16 60M 7/84 (VRA 15, 4)



| 338044 | | FOR STATE REGISTRAR | | | CERTIF | EALTH AND MENTAL HYGICATE OF DEATH | REG. N | | | 7 48 |
|---|---|--|--|---|--|--|------------------------------------|--|---|---------------------------------------|
| offer death. Page 4 may be the funeral director, page 3 d within 72 hours offer death the do forme. | 3. SE 7a. B Wa 10 C Un USU 13a. | REGISTRAR CEASED NAME E OR PRINT) JOS X Male IRTHPLACE (STATE OR FOR COUNTRY) Shington D. ITY OR TOWN OF DEATH EVERSIDENCE (IF NURSIMC | White FIGN 76. CHIZEN O U.S. A 11. NAME OI (IF NOT INSI | F WHAT COUNTRY? THOSPITAL, NURSIN UCH FACILITY, GIVE STREET, Queens Cha | We1 5. DATE C MONTH MARCE 8. MARRIE WIDOWE G HOME C ADDRESS) Pe1 R ADMISSION) N | Sh F BIRTH 1 23 1899 D NEVER MARRIED D NORCED R OTHER INSTITUTION | | AGNIH DAY 24. 198 24. 198 IFU MONI YRS. OR COUNTY OF ON SE WORKING LIFE) ZIP CODE | DEATH Count; 175. KIND OF NDUSTRY Map S | F BUSINESS OR Army ervice |
| Teleased reacuted within 2 ond completely fill Poget I and 2 from | 14. F. Ch | ATHER'S NAME FIRST RATION WAS DECEASED EVER IN | MIDDLE | Welsh | | 15. MOTHER'S MAIDEN NA FIRST Margaret 17. INFORMANT | WE | ESS 8349 | Crawf Lake | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 [edical Examiner notified and released Offending physician. Offending physician. When this certificate has been signed in the attention physician and completely filled in by as the buriod-transit permit. Then plean remaining physician and 2 model be file in and Mental Hygiene prior to buriod the model. Orked or them 18 town any injury, or only sevent, the medical examiner must be no orked or them. | ATION | Conditions, if any, we gave rise to immed cause (a), stating underlying cause | DUE TO, thich diote the lost. ICANT CONDITIONS | OR AS A CONSEQUE OR AS A CONSEQUE | NCE OF | NOT RELATED TO THE TERM | MINAL DISEASE OR CON 200 AUTOPSY? | 206 IF YES, W | IN PART 110 | IGS USED |
| Medical Exami Medical Exami soprial or attending physician. FECOR: After this certificate has bee ad for use as the burial-transit permit, bit, at Health and Mental Hygiene prior em 21 is marked or them 18 fown an | MEDICAL CERTIFICATION | 21d. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22e.1 certify that (1) (H saw thandeceased above.(D(we))(did 226. SIGNATURE | EXAMINER) A 10 PLAC (AT HOME. S | P.M. E OF INJURY STREET, FACTORY, OFFICE, F | ARM ETC) | 21c. HOW INJURY OCCUR 211. LOCATION STREET 19 6 7 Id that I (Im) (our) apinion DEGREE | city or to | DWN 19_ | OR PART 2) | STATE state (we) lost couses stated |
| TO HOSPITAL OR retoined by the P TO FUNEAL DIS should be detective with the Stote Del | | 224 PHYSICIAN'S NAM | Deitz, M.D. | | NAME OF C | ATTENDING | T Pkwy. Gre | enbelt, | Nov. | 25,1985 |
| DHMH - 16 50M 4/83 (VRA 15, 4) | | ahrai 39 Baltimor | 's Sons Fu | neral Home | , P.A | 25a. DA | E REC'D. BY REGISTRAR | | | |

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FOR

- STATE

REGISTRAR DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 000 | 1 110 | |
|-----|-------|--|
| | NO. | |

11 24 85

70 DATE OF DEATH

| 9 6 | ÷ 0 | (TYPE OR PRINT) JOS | EPH E. | WENTZ JR. | 11 24 85 |
|--------------------|--------------------------------------|---|---|--|---|
| Now 1 | in after d | Male Male | Caucasian | 5. DATE OF BIRTH MONTH DAY MAY 30 1923 | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DATS YRS. |
| | 35 | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Beltimore | 76 CITIZEN OF WHAT COUNTRY? | MARRIED WINDOWED DIVORCED | PRINCE GEORGES COUNTY |
| 100 | 74 | 30, CITY OR TOWN OF DEATH CHEVERLY | PRINCE GEORGES | ADDRESS DERAL HOSPITAL | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Audit Caller |
| 24 hou | 35 | 13a STATE 13b CO | or other institution. Give residence before unity 134, CITY OR TOW Hyatts | N 113d INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE 4011 73d Ave. (2 |
| MARYL ed willer | 1/64 | Joseph | Middle Went | 15. MOTHER'S MAIDEN NA FIRST Margar | et Ke'f |
| MORE. | 1 | (YES DO OR UNKNOWN) | PT TAR OR DATES) 579-18- | .0614 Aileen We | ntz - above address |
| | Moved I | | only one couse per line for (o), (b), or SED BY: IATE CAUSE (o) | | y Arrest BETWEEN |
| ESTON S | ve corbo | Conditions, if ony, which | DUE TO, OR AS A CONSEOU | ence of Miteslesis | |
| 1 W. PRI | of creman | gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEQUE | alie lung co | ANCE R. |
| RDS, 20 | Then pile r to burio injury, o | PART 2 OTHER SIGNIFICAN | | | NINAL DISEASE OR CONDITION GIVEN IN PART 1 |
| 0 | 5 ± 2 A | IN DATE OF OPERATION | LIGHT CONDITION FOR WHICH | OPERATION WAS PERSONALED | 20a ALITOPSY? 20h IF YES WERE FINDI |

716 TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY, OFFICE, FARM ETC)

| | 200 AUTOPSY? | 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
|-----|------------------------|--|
| | YES NO | YES NO |
| RRE | D (ENTER NATURE OF INJ | URY IN ITEM 18 PART I OR PART 2) |

sow the deceased alive on_obove, (1) (we) (did) (did not)

21c. HOW INJURY OC

211 LOCATION

t. Lincoln Com.

STATE

10 00AM

IF UNDER 24 HRS

HOUR5

12b. KIND OF BUSINESS OR

(20784

Kercher

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

| DHMH | 16 | 60M | 7/84 | |
|------|----|-----|------|--|

BP.

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the buriol-tronsit per ond Mentol Hygiene

9

norked or

APORTANT

DIVISION OF VITAL RE

230. BURIAL, CREMATION, REMOVAL

Burial

210. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

CERTIFIC

MEDICAL

CITY OR TOWN

PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

CITY OF TOWN

Brentwood

17-1868 DOMESTICAL PROPERTY. THE CHARLES AND - up approximately MI Let . 3.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI 323037 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN AT MONTH 75 HOUR (TYPE OR PRINT) OF ESTI-NERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS
PRESTON STREET. DEATH MATED SEX IF UNDER 24 HRS DATE DAYS HOURS PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH FOR MARRIED NEVER MARRIED WIDOWED 3 DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) a. STATE 13d INSIDE CITY LIMITS? 165 SOCIAL SECURITY NO 16a WAS DECEASED EVER YEL NO DEURSKHOWN CAUSE OF DEATH (Enter only one cause per line for (a), DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN CHISET AND DEAT PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N, OR REMOVAL. IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-TE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE USED OF PERONE OF HE 20. AUTOPSY? YES [] NO NO CATE, WRITING THE WORLD BE TO THE TOPE: PAGE 3 SHOULD B 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BACKINORE, MARYLAND, 21201 220 I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Undetermined manner death resulted fram: Natural causes Suicide Hamicide TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER ESAMINER'S NAME Seminary Rd. S.S., Md. Rogers TYPE OR PROJE BP. 25M REGISTRAR 256 REGISTRAR'S **DHMH - 17** Home (VR A15 ME (5))

SECRET Christali

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| - 1 | (| | | | | | | | | KEG. N | O. | | | | |
|-----|---|---|---------------|---------------|---|-------------------|---|-------------------|--------------------|----------------|----------------|------------|----------|-----------|--------|
| 4 | | OR PRINT) | FIRST | | MIDDLE | | LAST | | 20 DATE C | OF DE ATH | MONTH | DAY | YEAR | 26 HOL | JR |
| 1 | Mildred | | | | Louise Whetzel | | | November 24, 1985 | | | | | | M | |
| | 3 SE) | X | | 4 RACE | | | E OF BIRTH | | | YEARS LAST BIF | | IF UNDE | | IF UNDER | - |
| 1 | | Female | XO. | White | | | ober 1 | | 7: | | VDC | MONTHS | DAYS | HOURS | MIN. |
| Z | 7a. BI | RTHPLACE (STATE OR FO | DREIGN | 76 CITIZEN OF | WHAT COUN | STRV2 8 | | | 9 BALTIM | ORE CITY C | YRS. | Y OF DE | ATH | | |
| A | 1 | COUNTRY) | | | | MARE | | ER MARRIED X | | | | | | | |
| Н | 10 CI | irginia ITY OR TOWN OF DEAT | TH | U.S.A | | URSING HOM | | DIVORCED [| | occupat | | | | F BUSINI | MD. |
| И | | IT ON TOWN OF DEAT | | | | E STREET ADDRESS) | LOKOTHLK | INSTITUTION | | RK FOR MOST | | | | r busilvi | 233 OK |
| 3 | | heverly | | | | Genera | | ital | Clerk | | | We | ste | rn II | nion |
| | 13a S | AL RESIDENCE (IF NURSING TATE | 136 COUN | | 13c CITY OF | | | DE CITY LIMITS? | 13e.STREET | ADDRESS | ZIP COD | DE | | | |
| 2 | Ma | aryland | P.G. | | Blade: | nsburg | YES T | NO [] | 5999 | Emers | on St | reet | 21 | 0710 | |
| A | 14 FA | THER'S NAME | , | MIDDLE | LAS | ST | 15. MOTH | IER'S MAIDEN NA | ME | MIDDLE | | | 4 . 1451 | | |
| J | | William | | | Whe | tzel | 100 | Molly | | ·····DULE | | 1 | itt | on | |
| П | | VAS DECEASED EVER I | | | 166 SOCIAL | L SECURITY NO | . 17 INFO | RMANT | | ADDR | 317 I | Tuerc | he L | o Dr | iva |
| 4 | | YES, NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 227-2 | 2-0200 | Durth | Dodson | (Fri de | 14) 4 | lexar | drie | 77 | 0 2 | 2212 |
| 1 | | 18 CAUSE OF DEATH | L Enter and | | | | TAULI | Dodson | CLITE | IU) P | пехаг | 10112 | APPROXI | MATE INTE | RVAI |
| 1 | | PART I. DEATH WA | AS CAUSE | BY. | (A | T, ONGIC VI | 14h | a l | 000 | , an | .h. | | FIWEENC | INSET AND | DEATH |
| П | | | IMMEDIAT | E CAUSE (o) | aru. | u · | 0700 | the same | 4 000 | 700 | eg re | | | | |
| П | | | | DUE TO, O | RAS A CON | SEQUENCE OF | · Kan | 011 | 6 | | | | | | |
| ч | | Canditions, if any, which (b) perfluary check | | | | | | | | | | | | | |
| 1 | gave rise to immediate couse (a), stating the DUE TO, OR AS ACCOMMEDIATE OF | | | | | | | | | | | | | | |
| - 1 | | underlying couse lost. (c) Clumic lung Justin | | | | | | | | 14 | | | | | |
| -1 | | PART 2 OTHER SIGN | IFICANT C | ONDITIONS CO | ONTRIBUTING | G TO DEATH B | UT NOT RELA | TED TO THE TERM | INAL DISEA | SE OR CON | DITION G | IVEN IN F | ART Ito | | |
| 2 | CERTIFICATION | | | | | | | | | | | | | | |
| 71 | CAT | 19a. DATE OF OPERATI | ION | 196 COND | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 200 AUT | OPSY? | 20b. IF YI | ES, WERE | FINDIN | GS USE | D | |
| 1 | H | | | | | | | | YES 🗔 | NOU | | IFYING C | AUSES | NO [| |
| ö | CER | 210. ACCIDENT WAS UNDE | RLYING | | | | 21c. HOV | W INJURY OCCUR | RED (ENTERA | ATURE OF INJU | IRY IN ITEM 18 | PART I OR | PART 2) | | |
| 71 | 12.35 | OR CONTRIBUTING CA | | I I | | H DAY YEA | | | | | | | | | |
| 4 | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY | | | | 19 | 211 LOC | ATION | | | | | | - | |
| 1 | ME | WHILE NOT WHILE | | | | | E, FARM, ETC.) STREET CITY OR TOWN COUNTY | | | | | | STATE | | |
| 1 | | AT WORK AT WORK | | | | | | | | | | | | | |
| -1 | | 220.1 certify that (1) (the hospital attended the deceased from 19 11, to 11/2 41, 19 15 that (1) (we) lost | | | | | | | | | | | | | |
| 1 | | obove, (1) (mended fidid not) view the body ofter death. | | | | | | | deoth occurr | ed on the d | ote and ha | out and fr | am the | couses st | ated |
| 1 | 1 | 276. SIGNATURE | | | | | DEGREE | | | 22c DATI | | | DATE | SIGNED | 7.00 |
| П | | | | | | | | PHYSICIAN | MEDICAL DIRECTO | | | 1 | 1-25 | 5-85 | |
| П | | 22d. PHYSICIAN'S NA | ME TYPE OF | PRINT) | | | 22e ADD | RESS | | | | | | | |
| | | Barry Ros | enher | or. M.D. | | | 6501 | Landawa | n D4 | Char | am? | 113 | | | |
| 1 | 730 B | SURIAL, CREMATION, R | | 23b. DATE | | 123r NAME OF | CEMETERY | I.andove | 23d LOC | ALION | erly, | Ma. | | | |
| | (| SPECIFY) Burial | | 11/27 | /85 | | | Cemeter | 0.00 | PORTOWN | d I | G. G. | M. | ary1 | TATE |
| 1 | 24 FI | JNERAL DIRECTOR | | | | | | ille 250. DAT | | | Inch PECIS | TDAD'S | Chiati | ur y T | and |
| - 1 | | | | | | 1.8 | V V | ING. DA | 117 - 17 ES | THE RESERVE | 1 30. KLOIS | CCAMPIL | ILAMON | UKE | |

DHMH - 16 60M 7-84 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, Maryland

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Will Indower Md., Cheverly, 3d.

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| | 1. | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE 3 2 4 | 14 |
|--|---------------|---|---|
| 240 % | H- | STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | |
| 3190157 | | CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN MONTH | DAY YEAR 25 HOUR |
| ERS.S. S. E. | | PEGRPRINT) ADD WHITARER DEATH MATED 11/1 | 4 1985 12:43 |
| PLEASE ECTOR. PILES STREET | 1 SE | 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED | DAY YEAR IN HOUR |
| IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. IW PRESTON STREET, | M | 191E BLACK OCC. 5 1908 77 YRS. DEAD 11/4 | 185 p. M |
| S NECESSARY, E FUNERAL DIR E 5 FOR YOU'S D. WITHIN 72 | 7a B | DREIGN COUNTRY) MARRIED LI NEVER MARRIED LI | OF DEATH |
| N N N N N N N N N N N N N N N N N N N | | Georgia UIS, A WIDOWED & DIVORCED PRINCE 6-EL | prees mo |
| TODAY | 10.0 | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12) FOR MOST OF WORKING LIFE) | OR INDUSTRY |
| 2 2 3 8 2 <u> </u> | ME | AL PESIDENCE DE NINDENDE DIAME DE CINE DESCRIPTION CHE DESCRETARIO PARA PLANTE DE CONSTRUCTION CHE DESCRETARIO PARA PARA PARA PARA PARA PARA PARA PAR | Federal Governo |
| P. COULD TO SEE | 13a. S | AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS 137. CITY OR TOWN 138. NEW ARROLTON 139. TREET ADDRESS 130. STREET ADDRESS 130. STREET ADDRESS 130. STREET ADDRESS | RD |
| Land Barrier | 14. F. | ATHER'S NAME IS, MOTHER'S MAIDEN NAME | 1) 1. |
| 38 38/00 | | 1300 Whitaker Elizabeth | Kins |
| N SON O | 16a \ | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) | 1000 |
| ALTI ANG MSG MSG | ,, | 403 Harry 577-18-1908 Janie Whiteler 7403 Leasty Rd | New Carrollto. |
| WIT. POINT | | 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON ST. ITHIN 24 HOUI CIL IN ITEM 18 NER ALONG V ANSIT PERMIT. AL HYGIENE, I REMOVAL. | 13 | PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACUTE MYNCARDIAL DISEASE. | |
| S ZZAFFO | 15 | DUE TO, OR AS A CONSEQUENCE OF | |
| W. PR. WITH MINER MINER MIAL OR REI | | Conditions, if any, which gave rise to immediate (b) | |
| | 13 | couse (a) stating the <u>under-</u> lying cause lost. DUE TO, OR AS A CONSEQUENCE OF | |
| . 2===00 | | PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to | |
| AL RECORDS, 2011 ULID BE EXECUTED WID BE EXECUTED FE MEDICAL EXA SED AS A BURIAL HEALTH AND ME HEALTH AND ME ILL HEALTH | z | DO NE | |
| L RECORI ULD BE ED "PENDIN FF MEDIC ED AS A I HEALTH, AL, CREM | CERTIFICATION | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
| VITAL RE SHOULD ORD "PE CHIEF A E USED A URIAL, O | H | NONE | YES NO NO |
| NE S HE CHIES | | 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 | |
| DIVISION OF VITAL S CERTIFICATE SHOU RDED TO THE CHIEF RE 3 SHOULD BE USE E DEPARTMENT OF H OI PRIOR TO BURBLA | | UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 | |
| VISION OF PRICE TO THE PRICE TO | MEDICAL | 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION WHILE DIOT WHILE DISTREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) | Y STATE |
| DIVISION OF VITAL REC MINER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "FEN E. FORWARDED TO THE CHIEF ME STOR: PAGE 3 SHOULD BE USED AS 1 THE STATE DEPARTMENT OF HEAL LAND, 21201 PRIGR TO BRIRAL, CI | 3 | WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT | STATE |
| ATE, ORW, ORW, FE ST. | 13 | 220. I certify that I taak charge of the remains described above, held on Autopsy , Inspection, , Inquiry , and in my apini | on |
| L EXAMINER: TE CERTIFICATE, OULD BE FORW. I. DIRECTOR: FH, WITH THE SI | | death resulted fram: Natural couses X, Accident , Suicide , Hamicide Undetermined manner , | |
| EXAMI CERTIFIC DIRECTOR WITH WARYL | | TITLE (SPECIFY) | 1.11. |
| RATE A | - | M.D. DEPUTY MEDICAL EXAMINER SIGNED. | 11/4/85 |
| TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC TO FUNERAL DIREC TO FUNERAL DIREC TO FUNERAL DIREC | 1 | EXAMPLETS NAME JOHN S. ROGERS M. DODRESS SILVER SPRING, MO | NT MID |
| TO MEDIC EXECUTE PAGE 4 1 TO FUNE BALTIMO | 730 B | SURIAL, CREMATION, REMOVAL 236 DATE 1236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION | WI, WIDI |
| 07/B4 BP | (| SPECIFY) | STATE |
| 25M DHMH - 17 | 24 F | UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIG | NATURE |
| (VR A15 ME (5)) | 0 | NAME ADDRESS 7474 LANDOUGH RO LANDOUTING NOV 13 1985 | |
| | | | |

The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 318086 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE OF DEATH MONTH 2h HOUR BILLIE WHITAKER 11 04 85 4 RACE 3 SEX 5. DATE OF BIRTH Female Black June 1945 40 TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash, D.C. USA PRINCE GEORGES COUNTY WIDOWED M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) PRINCE GEORGES GENERAL HOSPITAL Clerk CHEVERLY None SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
10. STATE D (13) COUNTY (13) COUNTY Washington 130.STREET ADDRESS / ZIP CODE 5024-Sheriff H 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Adele Robinson Joseph Whitehead Sr 17 INFORMANT 16b SOCIAL SECURITY NO Adele Robinson, 1522-C St NE Wash, DC 085360952 III. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY: BUKWMON A WEEK IMMEDIATE CAUSE (a) ACONSEQUENCE OF POR ABSCESS OF LUNG 1/ Conditions, if any, which gave rise to immediate cause (a), stating the (EIZURE DISORGEN underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 70s AUTOPSY 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO THE ACCIDENT WAS UNDERLYING [7] 21s TIME OF INJURY 21r. HOW INJURY OCCURRED (ANTHENATURE OF HUDE) IN THE REST 1 OF PART 71 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR CHESTHER NODES MEDICAL EXAMINERS P.M. III LOCATION 71e PLACE OF INJURY al some steet factory over them for CITY OF TOWN COUNTY hospital) attended the deceased fro ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Landover Burial Nov/9/85 Harmony Maryland DHMH - 16/50M 7/84 1425 Maryland ave NE DC 1 . Knide B (VRA 15, 4)

agesic

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | - STATE REGISTRAR | 170 miles (1.13 | CERTIF | CATE OF DEATH | REG. N | 0. | | | | |
|---|--|--|-----------------------------|--------------------------------|---|-------------|-----------------------|-------------------------------------|--|--|
| | 1. DECEASED NAME FIRST AARC | ON C | WILLI | AMS | 2a. DATE OF DEATH | | 04 85 | 1PM | | |
| | 3. SEX MALE | 4 RACE BLACK | S. DATE C | | 6 AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | # UNDER 24 HRS HOURS MIN. | | |
| | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK | 76. CITIZEN OF WHAT COUNT | TRY? 8 MARRIEI WIDOWE | NEVER MARRIED DIVORCED | PRINCE GE | R COUNTY | | Y | | |
| L | 10 CITY OR TOWN OF DEATH CHEVERLY | PRINCE GEORG | | ERAL HOSPITAL | 12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O | | E) INDUSTRY | F BUSINESS OR | | |
| 1 | USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU MARYLAND P.G | NTY 13c CITY OR | | | 13e.STREET ADDRESS 13003 PAYT | | | 772 | | |
| 1 | FRED FIRST | MILLIA WILLIA | | 15. MOTHER'S MAIDEN NA LENA | WE | | JOSI | | | |
| | | RMED FORCES? 166 SOCIALS VE WAR OR DATES! VY WW11 127-16 | -6639 | GENE E. GAR | ADDRI Y-WILLIAMS | | PAYTON | D.R | | |
| | PART I. DEATH WAS CAUS | nly one cause per line for (o), (b ED BY: TE CAUSE (o) | and ic | faile | 10 | | APPRÓXI BETWEEN (| MATE INTERVAL ONSET AND DEATH | | |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONS. | die | nyopa | thy. | | | | | |
| | underlying couse lost. PART 2. OTHER SIGNIFICANT | (c)CONDITIONS CONTRIBUTING | | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIV | EN IN PART LO | 0 | | |
| | 190 DATE OF OPERATION | 196 CONDITION FOR WI | HICH OPERATIO | n was performed | 200 AUTOPSY? YES NO | IN CERTIF | , WERE FINDING CAUSES | | | |
|) | 0.000.000.000.000.000 | The second secon | | | | | | | | |
| | CITE ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | WHILE NOT WHILE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN | | | | | | STATE | | |
| | sow the deceased alive or | ot) view the body ofter death | 0101- | d that it (my) (our) opinion | death occurred on the d | ote and hou | 03 | that (I) (we) lost couses stated | | |
| | 22b. SIGNATURE | Capitado | 0 1 | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | FF | 22¢ DATE | HIST. | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept of Health MPORTANT: If Item 21 is

FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPEBURIAL) 23b DATE 11/8/85

224. PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OF TREMATORY
CHELTENHAM VET CEM CEM.

22e ADDRESS

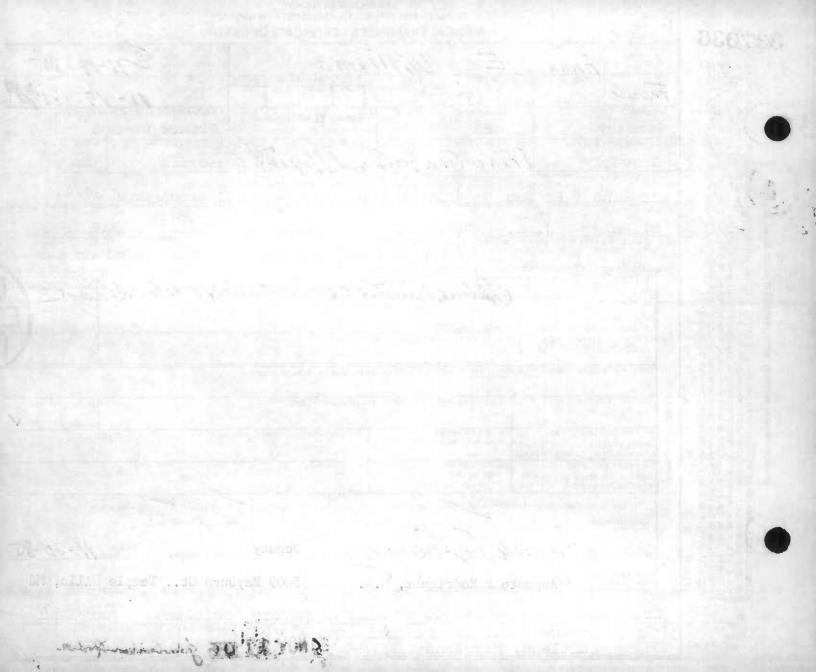
24 FUNERAL DIRECTOR J.B. P. JENKIND F.H. 7474 LANDOVER RD LANDOVER

151 27 00 11 CMLJJD

| | | 500 | | | MARYLAND | ن د د د | 2 , 3 2 |
|---|---------------|---|-----------------------|---------------------------------------|--|---|---|
| 323065 | 1- | FOR STATE | | DEPARTMENT OF HEALT | | | |
| 0/30(,60 | 1 05 | REGISTRAR CEASED NAME FIRST | MEL | DICAL EXAMINER'S | | OF DEATH REG. NO. | |
| | | CEASED NAME FIRST | | Chapter / | LAST | OF ESTI- | MONTH DAY YEAR 25 HOUR |
| A S 전 전 전 | | Am | Diel | 6 | Viller | DEATH MATED | x 24 19 851 A 1 |
| 30 E E E | 3. SE. | 4. RACE | 5. DATE OF BIRTH | | UNDER 1 YR. IF UNDER | R 24 HRS. 2c. DATE MIN. PRONOUNCED | AONTH DAY YEAR IN HOUS |
| V 85088 | 1 | M 13/K | Jan 6 | 27 5 ATRS. | 110010 | DEAD OC | X-24 1985 |
| ROESSA MINERAL | 7a. B | IRTHPLACE (STATE OR | 76. CITIZEN OF WE | | RIEC . 2 NEVER MARR | PLED X 9. BALTIMORE CITY OR | COUNTY OF DEATH |
| STATE OF THE PERSON NAMED IN | 1 | Virginia | U.S.A. | WIDO | WED DIVORG | CED Prince | Georgeomo |
| AGE B | 10. C | ITY OR TOWN OF DEATH | | PITAL, NURSING HOME, OR O' | THER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) | WORK 126 KIND OF BUSINESS OR INDUSTRY Trucking Com |
| A PARK | 1 | Riverdale | 62/2. | ad Man | Anso | Mechanic | Trucking Com |
| = XENO /2/ | | AL RESIDENCE (IF IN NURSING HOME COTATE 13L COUN | | VE RESIDENCE BEFORE ADMISSION) | 1338. INSIDE CITY LIMITS? | III CADELL ADODECC | 10737 |
| A SEEDEN | 130. | Mad. Runa | - George | Ruevalal | YES TO NO | 13e STREET ADDRESS | +th Ave |
| TESTINE OF | 14. F | ATHER'S NAME | 7 | 4 10000000 | 15. MOTHER'S MAID | EN NAME | |
| E SEASON | 1 | Judd Jacks | son Wi | illiams | Gertrude | Ellen | Duson |
| TIMO TER PAGE FORM ON O | 1160. V | WAS DECEASED EVER IN U.S. AR | MED FORCES? | 166. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS | 2369 111th St.N. |
| BALTIMO RES AFTER 3. GIVE PA WITH FOR DIVISION O | 0 | (IF YES, GIVE | WAR OR DATES) | 230-30-9340 | Bertha | Arlene Jackson | Apt.# 12 Washington. D. |
| | H | 18. CAUSE OF DEATH (Enter an | ly one cause per line | for (a) (b) and (c)) | | 9 | APPROXIMATE INTERVAL |
| ON ST., 24 HOUR TEM 18. CONG W PERMIT. SIENE, D | 1 | PART I DEATH WAS CAUSE | D 8Y: | 10,170 | 1-1-000 | 1-1,-) D, | P BETWEEN ONSET AND DEATH |
| W. PRESTON ST WITHIN 24 HOI ENCIL IN ITEM 1 MINER ALONG MINER ALONG SITAL HYGIENE, OR REMOVAL. | | IMMEDIA | (DUE TO, OR | AS A CONSEQUENCE OF | 19000 | N GIA! IV! | <u> </u> |
| EMCENCE ENCE | | Conditions, if ony, which | | | | | |
| W. PRES | | gave rise to immediate cause (a) stating the under- | (b) | AS A CONSEQUENCE OF | | | |
| 201 W. PRI JTED WITH EXAMINE JAL TRANK JAENTAL FON, OR REA | | lying cause lost. | - 1 | NO N CONSEQUENCE OF | | | |
| XECUTED VG" IN PROPERTY IN PRO | | PART 2 OTHER SIGNIFICANT CONDITIONS | (c) | BIST NOT BELATED TO THE TERMINAL DICE | ACT OR CONDITION CIVEN IN A | 407.1 | |
| E HADORE | z | 1/1/ | ~ | NOT NOT KEEN TO THE TERMINAL OFSE | WASE OF COMMISSION DIRECT IN SA | RKT I (0), | |
| N OF VITAL RECORI CATE SHOULD BE ED HE WORD "PENDIN THE CHIEF MEDIC ULD BE USED AS DI VITARENT OF HEALTH I R TO BURIAL, CREM | CERTIFICATION | 190. DATE OF OPERATION | TI96 CONDIT | ION FOR WHICH OPERATION | WAS PERFORMED? | | 20. AUTOPSY? |
| Z HEEF TALL | 5 | 11. | | | | | |
| N N N N N N N N N N N N N N N N N N N | E | 210. EXTERNAL CAUSE WAS | 216. TIME OF | INJURY 121c | HOW INJURY OCCURR | ED (ENTER NATURE OF HUJURY IN ITEM 18 PART | YES NO |
| NOP FICATI THE V DUID OUID OR TO | 101 | UNDERLYING OR | HOUR A.M | MONTH DAY YEAR | TO THE STATE OF TH | | TOTAL PARTY |
| VISION CERTIFIC TING THE DEPART PRIOR | MEDICAL | CONTRIBUTING CAUSE OF I | | | OCATION | | |
| DIVIS IS CER (RITIN (REDED GE 3 S OF 3 S OF 1 PR | ME | WHILE NOT WHILE DAT WORK | | ORY, FARM, ETC) | STREET | CITY OR TOWN | COUNTY STATE |
| PAN VAI | | AT WORK AT WORK | - | | | | |
| P. CATE NO. | | 22e. I certify that I taak charg | | cribed abave, held on Auto | opsy . Inspection | on Inquiry and in | n my opinian |
| EXAMINER: CERTIFICATION BE FOR IN DIRECTOR: I, WITH THE MARYLAND | | death resulted fram: Natur | ral causes | Accident . Suicide | , Hamicide , | Undetermined manner, | |
| EXAMI CERTIFI CORTIFI DIRECT WARYLY | | ACTUAL O | 0 | | TITLE (SPECIFY) | | 200 0 11400 M |
| STATE OF STA | 1 | SIGNATURE | 11 | orgens, | M.D.D. | MEDICAL EXAMINER | SIGNED SIGNED |
| S S S S S S S S S S S S S S S S S S S | | EXAMINER'S NAME | | 0 | | | |
| TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR LONERTO AFTER DEATH WITH THE BALTHWORE, MARYLAN | | PTYPE OR PRINT | | | _ADDRESS | | |
| FUSTES | 230.8 | URIAL, CREMATION, REMOVAL TO Burial | 10/28/85 | 23c. NAME OF CEMETERY | | Eggsbornville(| culpeper) Va. |
| 07/84 BP | 21.5 | | | Beulah Bapti | | | / |
| DHMH - 17 | 74 F | NAME DIRECTOR N.C.S. | hempo MADDRESS | 503 N. Main St | NOV | REC'D. BY REGISTRAR 756 RE | NAJURE |
| (VR AIS ME (S)) | 1 | | eral Home | Culpeper, Va. | NUV | 10 800 | NAME OF TAXABLE PARTY. |

Teresto III

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENET 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 337036 REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTInna 19 4 PACE S. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED temale White DEAD June 131919 66 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Prince George Germany DIVORCED WIDOWED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION THE USUAL DECLIPATION LEYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Home Housewife Cheverly a STATE 1136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 902 Brook Road 20743 Capitol Hgt NO T Pr Geo Maryland 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Dafner Wilhelm E. Emma Maria Gunter 7. INFORMAN 68 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 165 SOCIAL SECURITY NO (YES. NO. OR UNKNOWN) 32 9942 Albert Williams Same as #13 084 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH relevotio ceretino-cordistroculos PART I DEATH WAS CAUSED BY: BE USED AS A BURIAL - TRANSIT PERMI NT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICAT 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO V SECUTE THE CERTIFICATE, WRITING THE WO MAGE 4 SHOULD BE PORWADED TO THE C TO FUREAR DIECTOR, PAGE 3 SHOULD BE MEER DEATH, WITH THE STATE DEPARTMENT. 21a FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autopsy deoth resulted from: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Temple Hills, Md Augusto P Rodriguez. (TYPE OR PRINT) 23d. LOCATION 23Nov1985 Cedar Hill Crematory Cremation Suitland Maryland BP 07/84 24 FUNERAL DIRECT ROBert E Wilhelm Funeral Home QATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Suitland, Maryland



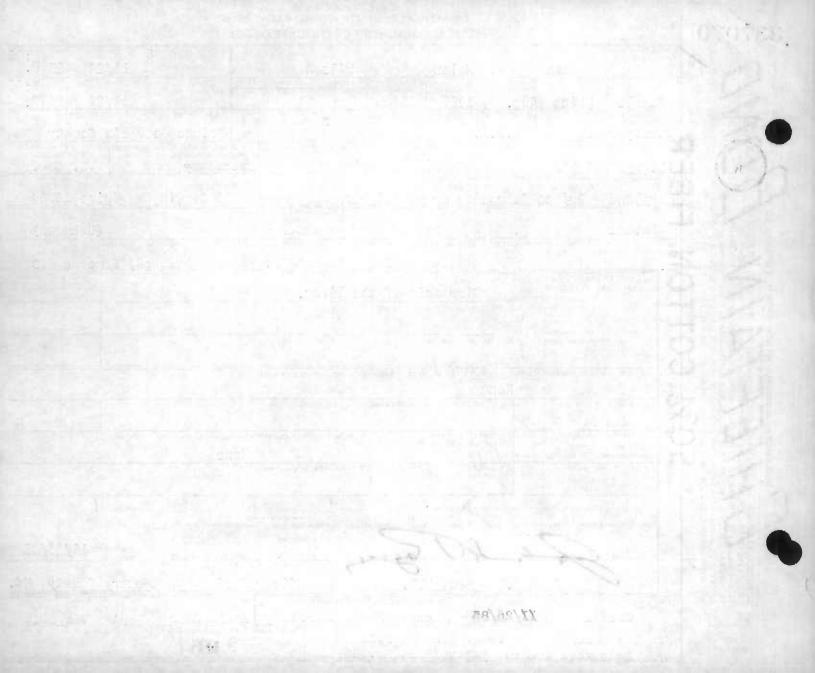
- STATE REGISTRAR 338116 DECEASED NAME 20. DATE KNOWN AMONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED 5. DATE OF BIRTH SEX IF UNDER 24 HRS 2d HOUR 2c. DATE PRONOUNCED 10/29/ 23 62_{RS} DEAD 7a BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. DIVORCED XX WIDOWED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME: OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Retired OR INDUSTRY Cheverly MUAL RESIDENCE (IF IN NURSING HO INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Wash. 13d INSIDE CITY LIMITS? 620 Sheridan St. N.W. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mack Williams Hannah 📑 Pinkney 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Durhan, N. (YES, NO OR UNKNOWN) Not Stated Hannah Williams 1104 Carroll St. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) FF MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IS, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: cardes ascubordizend tabeles arterixpellioles IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise ta immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E. PRICE THE CHIE
RWARDED TO THE CHIE
R. PAGE 3 SHOULD BE US
COTATE DEPARTMENT OF YES [] NO F 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION ECUTE THE CERTIFICATE, WRITING A SHOULD BE FORWARDED OF UNERL DIRECTOR: PAGE 3.

FIRE DEATH, WITH THE STATE DE THE DEATH, WATH THE STATE DE THE DEATH, WATH THE STATE DE THE DEATH WITH STATE DE THE DEATH WITH STATE DE THE DEATH WITH STATE DE THE DEATH WATH STATE DE THE DEATH DE THE DE THE DEATH DE TH STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Accident Homicide ___ Undetermined manner TITLE (SPECIFY) Deputy 5009 Rayburn Ct , Temple Hills, Md Augusto P Rodriguez, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Removal 3 Dec.85 Glenn View Cemetery Durham, North Carolina 24. FUNERAL DIRECTOR DHMH - 17 Frazier; s Funeral Home 389 R.I. Ave. N.W. (VR A15 ME (5))

STATE OF MARYLAND

| | | It | ems 18- | 22a 1 | /6/86 | 6 mtb | F#6 | 11 PARTM | | | ARYLAN | ND ENTALH | YCHENE | 5 | 3 | 2 | स ठ | 3 | |
|--|--|---------------|--|---------------------|-------------------------|----------------|--|-------------------------|-------------------|----------|-----------------------|-----------------|--------------|--------------|----------------|-------------------------------|-----------|-------------|-----|
| 326 | 26065 | | 1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | | | | | | | | | 10 | | | | | | | |
| | .0000 | T. DEC | CEASED NAME | FIR | ST | | M | NDDLE | | | LAST | | . 2a | | NOWN | _ | DAY Y | EAR 26. H | OUR |
| | 罗 米拉维拉 | (1 | L OR PRIMARY | Ch | narle | es | F1c | byc | | | ilson | Jr. | | OF DEATH | MATED \$ | باد باد | 1019 | 85 | N |
| | BE SEC | M. | | RACE | N | DATE OF BI | RTH | YEAR | AGE (IN Y. | | DER 1 YR. | HOURS | | DATE | CED | HINOM | | 2d H | |
| | 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Ma | 7.55 I | White | | 0 1 | | 1950 | | RS. | | | | DEAD | | 11 | 14 19 | 85 | M |
| | PRES NUMBER | Wa | RTHPLACE (STA REIGN COUNTRY) Shington | - Table 1 | U.S. | | COUNTR | RY? | 8. MARRI WIDOW | - | VER MARRIE DIVORCE | D X | rinc | e Geo | - orge's | ty of deal | | MD | |
| | PAGE PAGE 20 V | 1 | TY OR TOWN O | d | | 3220 | LIENOT IN SUCH FACILITY CIVE STREET ADDRESS! | | | | | | | | | | Bob s | HISTRY | |
| 21201 | ANY LETAIN COLO E PECORO | Ma Ma | ryland | 13bC | OUNTY | HER INSTITUTIO | ON, GIVE RI | Suit | r town land | | 13d. INSIDE C | | | Sic | amore | e Lane | e #203 | 207 | 46 |
| DRE. MD | OF AND 28 | | Charles | | | oyd | | | son, | | Hé | elen | NAME | Ma | , | | Na um | | |
| TIMO | ULD BE EXECUTED WITHIN 24 HOURS AFIER ""PENDING" IN PRINCIL IN ITEM 18 GIVE PAR ET MEDICAL EXAMINER ALONG WITH FORED AS A BURIAL TRANSIT PERMIT PARCE HEALTH AND MENTAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL. | 16a. V | VAS DECEASED ES NO, OR UNKNOW NO | EVER IN U. | S. ARMED S, GIVE WAR | | 1 | | AL SECURI | | 17. INFOR | | | | | | Havre | | |
| BAL | | | | | | ne cause per | | | 66-70 |)4.1 | нете | en May | Wils | on (| Mothe | | per Ma | | _ |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | | N | gave rise | | diate nder- | (c)_ | | | EQUENCE | | DR CONDITIO | N GIVEN IN PAR | T 1 (a). | | | | | | |
| AL REC | HOULD B SRD "PEN CHIEF ME USED AS OF HEAL JRIAL, CR | CERTIFICATION | 19a. DATE OF C | PERATION | 160 | 196 CO | NDITIO | N FOR W | HICH OPE | RATION W | AS PERFOR | MED? | | | | | 20 AUTO | | |
| ON OF VIT | CERTIFICATE SHOULD RITING THE WORD "PE RDED TO THE CHIEF A E 3 SHOULD BE USED, E OFPARTMENT OF HELE DI PRIOR TO BURIAL, OF THE CHIEF A E SHOW TO BURIAL | | 210 EXTERNAL UNDERLYING CONTRIBUTIN | OR G CAUS | | тн | A.M. N P.M. | NONTH D | DAY YEA | R | | OCCURRE |) (ENTER NAT | TURE OF INJU | IRY IN ITEM 18 | 8 PART 1 OR PA | YES | X NO | |
| DIVIS | WRITING WRITING WARDED WAGE 3 SI AGE 3 SI ATE DEP | MEDICAL | WHILE AT WORK | NOT WHIL AT WORK | | | | INJURY Y, FARM, ETC. | | | CATION TREET | | (| CITY OR TOW | N | co | YINUC | ST. | ATE |
| • | TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING: PAGE 4 SHOULD BE FORWARDED TO TO FUNEAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALTIMORE, MARYLAND, 21201 PRIQ | | death resulted | 1 | // | the remains | s descrip | 19 | | Autop | , Hamie | Inspection cide | Undetern | | nner . | DATE | | /15/8 | 5 |
| | AGE 4 O FUN | | EXAMINER'S N ITYPE OR PRIN | 1 | - | omas | D. 9 | | | | | 111 P€ | | | alto. | .MD | | | |
| | 1712 BA 128 | 23a. Bt | URIAL, CREMATI | | | /20/8. | 5 | | | | R CREMATO | | 23d. LOCA | TOWN | | cou | | STATE | |
| 07/B4 25M | BP TU | 28°151 | HITCH BIRECE | | | | | | | | Cemet | | | n two | | P.G. | SIGNATURE | aryla | nd |
| | DHMH - 17 (VR A15 ME (5)) | | 39 Balti | | | | | | | | | UN | | 1985 | | ي الماداداد الماداداد الماداد | | 4 | 4 |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCH 337070 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 7a DATE KNOWN X7 ESTI-DEATH MATED 19 85 Helen Wilson Jean 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE PRONOLINCED DEAD 19 85 1937 48 Female. White Aua. 9. RIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Pennsylvania DIVORCED Prince George's County U.S.A. LCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 174 USUAL OCCUPATION (TYPE OF WORK 1176, KIND OF BUSINESS OR INDUSTRY Berwyn Heights 8415 Cunningham Drive U.S. Gov. Secretary 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Berwyn Heights YES X 8415 Cunningham Drive 20740 Maryland NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Helen (Unknown) Robert Butler 17 INFORMANT ADDRESS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 196-28-6589 No Donald B. Wilson (Husband) Same as #13 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cirrhosis of the liver. AND MENTAL HYGIEN DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION None 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 3 SHOULD BE U STATE DEPARTMENT O None YES NO X 71a. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STARTIMORE, MARYLAND, 2 Inspection X 27a. I certify that I taak charge of the remains described above, held on Autopsy ond in my apinian Hamicide Undetermined manner Natural couses TITLE (SPECIFY) 11/25/85 Deputy DATE SIGNATURE 1919 Seminary Road EXAMINER'S MAME John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 23d. LOCATION 23e BURIAL CREMATION REMOVAL 23b DATE 11/26/85 Metropolitan Crematory Cremation Alexandria N/A Virginia 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781



FOR STATE

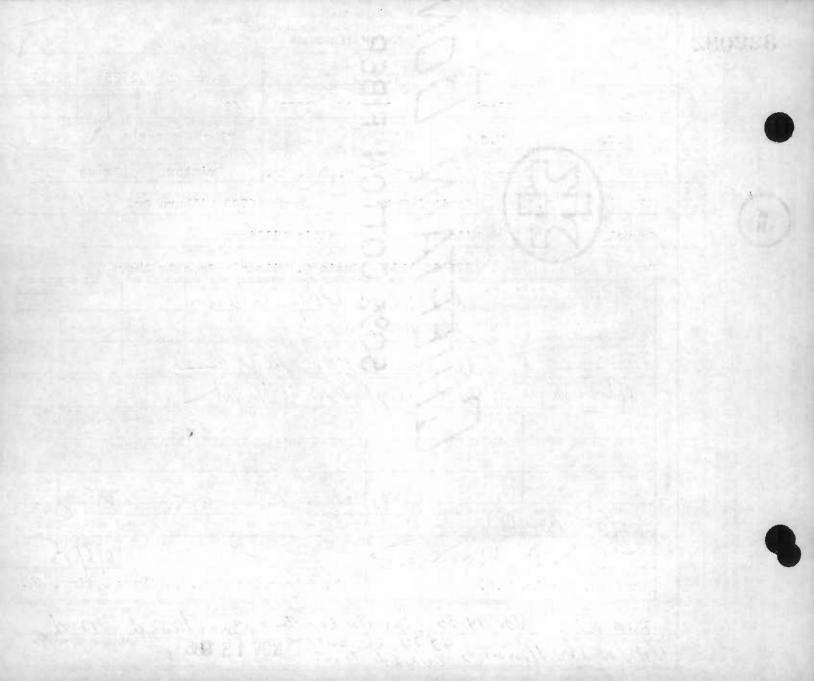
STATE OF MARYLAND

| EPARTMENT | OF HEALTH | AND MENT | AL HYGIENE |
|-----------|-----------|----------|------------|
| CE | RTIFICATE | OF DEATI | 1 |

| 1 | | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | | REG. NO. | | | | | |
|---|---------------|--|-----------------|---------------------|--|---------------|--------------|---------------|--|--|-------------|-------------------|-----------------|--|--|
| | | CEASED NAME | FIRST | A | AIDDLE | Ł | AST | | 20. DATE OF | | NTH D | DAY YEAR | 26 HOUR A | | |
| | (LAME | OR PRINT) | Samue1 | Wi] | lliam | WILS | ON | | Nov | rember | 8.1 | 985 | 12:25 M | | |
| d | 3 SEX | (| | 4 RACE | 5. DATE C | | | 6. AGE IN YE | ARS LAST BIRTHD | IF UNDER 1 YEAR | | | | | |
| A | 1 | | | Black | k | 3 MONTH | 17 | 1923 | 62 | | YRS | UNIHS DATS | HOURS MIN. | | |
| | a BIF | | E OR FOREIGN | 76 CITIZEN OF | 8 | NEVER | MARRIED - | 9 BALTIMOR | - | COUNTY | | | | | |
| A | | S.C. | | U.S. | . A | WIDOWE | | OIVORCED | Prin | ice Geo | rge' | S | MD | | |
| Ŋ | 10 CI | TY OR TOWN OF | DEATH | | OSPITAL, NURSIN | | OR OTHER IN | STITUTION | 120 USUAL O | | | | OF BUSINESS OR | | |
| | La | nham | | | ' Hospit | | Pr. G | eo. Co. | | rinter | | Press | 5 | | |
| a | USUA 13a S | AL RESIDENCE (IF | NURSING HOME OF | ROTHER INSTITUTION. | GIVE RESIDENCE BEFORE | ADMISSION) | 113d INISIDE | CITY LIMITS? | 1124 STREET A | DDDESS / 7 | IP CODE | DA | nila | | |
| 1 | | Md | | G. | Capitol | Hgts | YES [| NOK X | 6708 V | Wilbur | n Dr. | · 10 | 140 | | |
| | 14 FA | THER'S NAME | | MIDDLE | LAST | - 1 | | S'S MAIDEN NA | | WIDDLE | | IAS | | | |
| Û | | Samuel | | 1 | Wilson | | Mat | tie Wil | liams | A STATE OF THE STA | | 143 | | | |
| 5 | 16a W | VAS DECEASED E | VER IN U.S. AF | MED FORCES? | 166 SOCIAL SECUI | RITY NO. | 17 INFORM | | | ADDRESS | | | | | |
| | | Yes no or unknown | (11 123 01 | TO WAR OR DAILS) | 578-20-1 | 164 | Susi | G. Wil | s Abo | ove | | | | | |
| | | 18 CAUSE OF D | EATH (Enter a | nly one cause per | line far (a), (b), and | (c) | | 10.1 | 1 | | | APPROX BETWEEN | ONSET AND DEATH | | |
| | 33 | PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | | | | | | | | | | | | | |
| | | | | DUE TO OF | R AS A GONSEQUE | MCE OF | | UH | | | | | | | |
| 1 | | Conditions, if | | ((b)_ | MU | M | me | 1 | | L. Di | | | | | |
| 1 | | gove rise to | | DUE TO, OF | AS CONSEQUE | NCE OF | 1 1. | 01 | | 1/ | 29 | | 1-1-2 | | |
| | | underlying c | ouse last | A (c) | YELVIN | UN | 111 | TUN | V | 1 | | | 2010 | | |
| ì | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | | | | |
| | CERTIFICATION | ayour | real | Man | nay | 1/14 | res | MI | Took AUTODEN 2 Took IS VES WEDE EINDINGS VES | | | | | | |
| 7 | IC.A | 190 DATE OF OP | ERATION (| 19b. CONDI | ONDITION FOR WHICH OPERATION WAS PERFORMED | | | | | 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | | | | |
| Ц | RTIF | | | | 1 | YES NO YES NO | | | | | | | | | |
| 7 | 125.25 | 210. ACCIDENT WA | | | FINJURY M. MONTH DA | Y YEAR | 21c. HOW | NJURY OCCUR | RED (ENTER NAT | URE OF INJURY IF | HITEM 18 PA | RT (OR PART 2) | | | |
| | MEDICAL | LIFEITHER NOTIFY | MEDICAL EXAMINE | R) P./ | | 19 | | | | | | | | | |
| ۱ | MED | 21d. INJURY OC | | 21e PLACE C | DF INJURY BET, FACTORY, OFFICE, FA | ARM ETC) | 21f LOCAT | ION | | CITY OR TOWN | / | COUNTY | STATE | | |
| d | | AT WOR | OT WHILE | | | 113 | 116 | (| | 111 | | 61 | > | | |
| И | | 200 | 1 | 2/1 | deceased from | 10 | | . 19 | , to | 1, 1 2 | | 9 | the (we) last | | |
| | | abave, III v | | view the body | after death. | | | (aur) apinian | death accurred | an the date | and haur | | | | |
| | | 226 FIGHT ORE | 0 | h 11 | · all | 1 | DEGREE | ATTENDING | MEDICAL | STAFF | | 22c DATE | SIGNED | | |
| 4 | 1 | W. | | In el | M IN | V | 100 1000 | PHYSICIAN E | DIRECTOR [| PHYSICIAI | N | 11/3 | | | |
| | | Lewis I | | is, M.D. | | | 22e ADDRE | | sity Bl | vd.E. | Silv | er Spri | ing, Md. | | |
| - | | | | | 1. | | | | | | | • | | | |
| | 23a B | URIAL, CREMATI | ON, REMOVAL | NOV 1 | 11 8E 1236 N | | 1 . 1 | CREMATORY | 23d LOCAT | PRION | | COUNTY | STATE | | |
| | 74 511 | HURIO | 2 | 1 1001 | 7 00 61 | NCO | INC | mely | DA! | +19n | no d | N | 70 | | |
| | 1 | MAME / | 161 | 11/200 | 4 HAVERESS | t 4 | Lan | NI CALLED | V 13 | 985 | REGISTR | TAMESON PLAN | Klastonor | | |
| | V | 111010 | VII | 11411 | 1 Wa | sh | 0,0 | 7 | | () | | | | | |

DHMH - 16 60M 7/84

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 331049 REGISTRAR REG. NO 1. DECEASED NAME KNOWN XX MONTH (TYPE OR PRINT) OF UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED 11-11 19 85 Wimmer Roger Alan 4. RACE AGE IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 10:04 Jan 22 1959 DEAD 26YRS White Male 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia USA Prince GEorge's County, MD DIVORCED XX WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY PG Greater Laurel/Beltsville Hospital Mechanic Laurel Bd of Educat ion 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 13b. COUNTY Delancev St. Clinton YES [NO 3411 20735 Maryland George 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wimmer Blanche Estelle Argenbright Carlton 17. INFORMANT 16b. SOCIAL SECURITY NO. 3004 Courtland Ro 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 215-70-8905 Carlton T Wimmer No Roanoke, Va CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt Trauma to Chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXIX NO I 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 9:20xx 11-11 1985 pedestrian struck by bus 21e PLACE OF INJURY (AT HOME. 211. LOCATION WHILE AT WORK NOT WHILE 8000 Cherry Lane, Laurel, Prince George's Co., parking lot PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 Md. Autopsy XX 22a. I certify that Draak charge of the remains described above, held on Accident XX death resulted fram Natural causes Hamicide ___ Undetermined monner TITLE (SPECIFY) 11-12-85 DATE Assistant Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. EXAMINER'S NAME TYPE OR PRINT ADDRESS 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY Md Clinton 14Nov1985 Resurrection Cemetery Burial 07/84 E Wilhelm **DHMH - 17** Funeral Home Suitland, Md. (VR A15 ME (5))

executed within 24 haurs after

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | I - ST. | ATE GISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | Ο. | | | |
|----|---------------|--|--------------|------------------|-----------------|---------------|------------------------------|---|-------------------|----------------|----------------|-------------|
| ٠l | | SED NAME | FIRST | M | IDDLE | L. | AST | 20 DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR | |
| И | TIME OR PI | RINT | land | 1 | 3. | w | ires | 11 | 15/ | 85 | 8:03 | M |
| | 3.5EX | | | 1. RACE | 1 | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | | UNDER I YEAR | HOURS / | HRS MIN. |
| d | 4 7 | Male | - | Wh | ite | 01 | 13 1913 | 72 | YRS. | | | |
| 1 | To BIRTH | | FOREIGN | b. CITIZEN OF V | | RY? 8. | NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY OF DEATH | | | | |
| 1 | Ohio | | | U.S.A | 1. | WIDOWE | | Prince Ge | orgete | Count | 37 | MD. |
| 7 | | OR TOWN OF DEA | ATH | | OSPITAL, NUR | SING HOME C | OR OTHER INSTITUTION | 12a. USUAL OCCUPATION Laborer WORK FOR MOST OF WORKING LIFE; Laborer Of Md. | | | | |
| 9 | 1 | Clinton | | | | nity Ho | <u>spital</u> | Haborer | | beace | OI Hu | • |
| 1 | 130 STAT | ESIDENCE (IF NURS | 136 COUN | | 13c. CITY OR TO | | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | | |
| 1 | Mary | land | P.G. | | Greenb | elt | YES 🔀 NO 🗌 | 9166 Edmor | ston R | d. #20 | 04 207 | 70 |
| 1 | 14 FATHE | R'S NAME FIRST | | NIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | | LAS | | |
| 25 | 7 | George | | | Wires | | Wilhelmi | | | Rum | | |
| | | DECEASED EVER | | | 166 SOCIAL SE | ECURITY NO. | 17. INFORMANT | ADDRE | SS | | | |
| | | -Army | W.W. | WAR OR DATES) | 283-03 | 2-8861 | Thelma M. Wi | res (Wife) | Samo au | 413 | | |
| 6 | | CAUSE OF DEAT | | | | | THE THE IT. WI | ics (Wile) | Danie a. | APPROXI | MATE INTERVA | d. |
| | 10. | PART I. DEATH W | AS CAUSED | 8Y: | Con | dias | esterator | - ames | t | 2 | - ROBET AND DE | 7 |
| | | | IMMEDIATE | | | 0 | 1 | / | | | | |
| | C. | anditions if any | | DUE TO, OR | AS A CON | DUENCE OF | · · · · · · · · | | | 2 | do | 11 |
| | 90 | onditions, if any, ove rise to imm | mediate | (b) | | | 0000 | | | | 0.0 | 7 |
| | | couse (a), stating the underlying couse last | | | | | | | | | | |
| | - | | | (c) | | | | What plan company | | 1015157 | | |
| | z PA | 1 / OU | JIFICANI C | ONDITIONS CO | MIKIBUTING | O DEATH BUT | NO RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | PART | 1 | |
| | CERTIFICATION | DATE OF OPERA | 1 Just | TION CONDI | (con | CH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | Tank IE VES I | WERE FINDIN | THE LICED | |
| 1 | 2 | DATE OF OPERA | HON | 198. CONDI | HON FOR WHI | ICH OPERATIO | N WAS PERFORMED | 200 AUTOFST: | IN CERTIFYI | NG CAUSES | OF DEATH | 24 |
| | E 7_ | | | | | | T-> | YES NO | YES | | ио 🗌 | |
| 7 | | CONTRIBUTING | b-mark. | 216. TIME OF | M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PAR | T 1 OR PART 2) | | |
| 1 | S C | F EITHER NOTIFY MEDI | | P.A | ۸. | 19 | | | | | | |
| | 9 | INJURY OCCUR | RED | 21e PLACE C | OF INJURY | CF FARM FIC) | 211. LOCATION STREET | CITY OF TO | WN , | COMMITY | STAT | 16 |
| | | NOT WE AT WO | HILE | | | | 1/10 0 | - 1 | 1/10 | -/01 | - | |
| | 220 | I certify that (I) | (this hospit | ol) ottended the | deceased 1/6 | n - G | 11000 | , to | 12.19 | 10) | that M (we |) lost |
| | | sow the access- | ed ofthe on | 17.1 | 15/0 | 6,6 | nd that in (my (our) opinion | death accurred on the d | e and hour | nd from the | couses state | d |
| | 723 | SIGNATURA | - / | 111 | 4/ | 11 | DEGREE | | - | 23t DATE | SIGNED | / |
| | 1 | lokes. | es di | the | ence | King | ATTENDING PHYSICIAN | DIRECTOR PHYSIC | | 11/ | 16 % | A5 |
| 1 | 220 | PHYS CAN'S N | AME OF | MACC | 410 | / | 22e ADDRESS | J DIRECTOR 11113K | -1017 [] | 11 | 1 | _ |
| | 6 | 1887 | Kon | 121 | 117 | 1/1 | 5 XON | 4116 | M. | (| 1 | |
| | 230 01101 | IAL, CREMATION, | DEMOVA | 23b. DATE | 00/0 | 3 NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | (0 | | | |
| | (SPEC | Burial | KEMOVAL | 11/19/ | | | ncoln Cemeter | CITY OF TOWN | d P | G. M | aryla: | nd |
| | | | | // | | | Jemetel | J DICTIEWOO | - I . | . II | ar j ra | 114 |

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

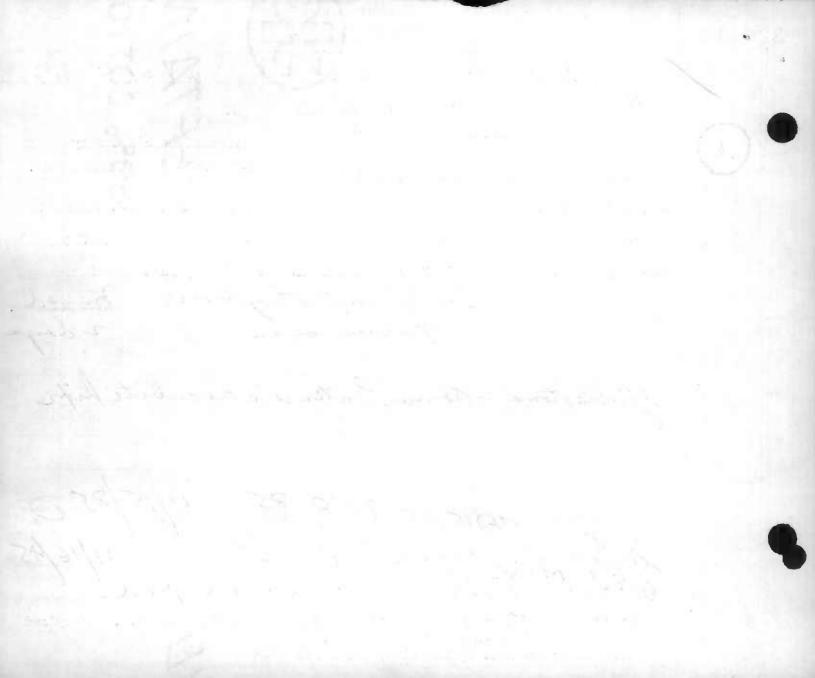
TO FUNERAL DIRECTOR: After this

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Depti, of Health and Mental Hygiene prior to burial, cremation, ar remayal

certificate has been signed by

24 FUNERAFINERIOIS Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



338128

- STA

(TYPE OR PRINT)

L DECEASED NAME

GEORGE

| | STATE OF MARYLAND |
|---------------------------|--|
| FOR STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH |
| | |

REG. NO. 2a DATE OF DEATH 2b. HOUR WOLFRI AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 17 1900 Sept BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDX Sign Poster Advertising 20607 13d INSIDE CITY LIMITS? 16706 Old Cabin Place 15. MOTHER'S MAIDEN NAME Annie

3 SEX Male White TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Virginia USA NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 136 COUNTY Accokeek Pr Geo Maryland Ferguson Wolfrey George Maryland ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Elmer F Wolfrey 314 E Harbor Dr Lusby 18 CAUSE OF DEATH (Enter only one couse per line to PART I. DE ATH WAS CAUSED BY-IMMEDIATE CAUSE (o) accident Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GAVEN IN PART 110 CERTIFICATION 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC.) 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL CREMATION

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTAN

24 FUNERAL DIRECTOROBERT Wilhelm Funeral Home Suitland Maryland

Suitland Maryland Cedar Hill Cemetery

BRIEGE Manhoad alking JEC 02 TO Julian Booker Booker

FOR - STATE REGISTRAR DECEASED NAME

Female

South Carolina

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | REG. N | 10. | | | | | |
|---|-------------------------|---------|-------|-----|--------|----------|-------|
| | 20. DATE OF DEATH | MONTH | 8 DAY | 8 | YEAR 5 | 25 HOL | |
| ī | 6 AGE (IN YEARS LAST BI | RTHDAY) | IF UN | DER | IYEAR | IF UNDER | 2 HRS |
| | 68 | VDS | MONI | н5 | DAYS | HOURS | MIN. |

O. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY?

LARA

MARRIED XX NEVER MARRIED WIDOWED DIVORCED

May™15.1917

EWORK FOR MOST OF WORKING LIFE

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OF Private

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

STATE

13b COUNTY Mary Land Brentwood

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b)

IMMEDIATE CAUSE (a)

4 RACE

Black

United States

MIDDLE

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? 4542 41st Ave. 15 MOTHER'S MAIDEN NAME

Lou Ella Benjamin

Samuel Cooley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOR UNKNOWN)

166 SOCIAL SECURITY NO 578-30-0760

17 INFORMANT James Wood

ADDRESS Same as 13e Son

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.

PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

19a DATE OF OPERATION

P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

COUNTY CITY OR TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

220 I certify that (4) (this hospital) attended the deceased from sow the deceased alive on. abave, (1) (we) (did) (did nat) view the

22b. SIGNAPOR

CERTIFICAT

MEDICAL

and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated DEGREE

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22r. DATE SIGNED

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

| RE | |
|----|--|

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

ld b MPORT

23g. BURIAL CREMATION REMOVAL (SPECIFY)

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

200 AUTOPSY?

COUNTY

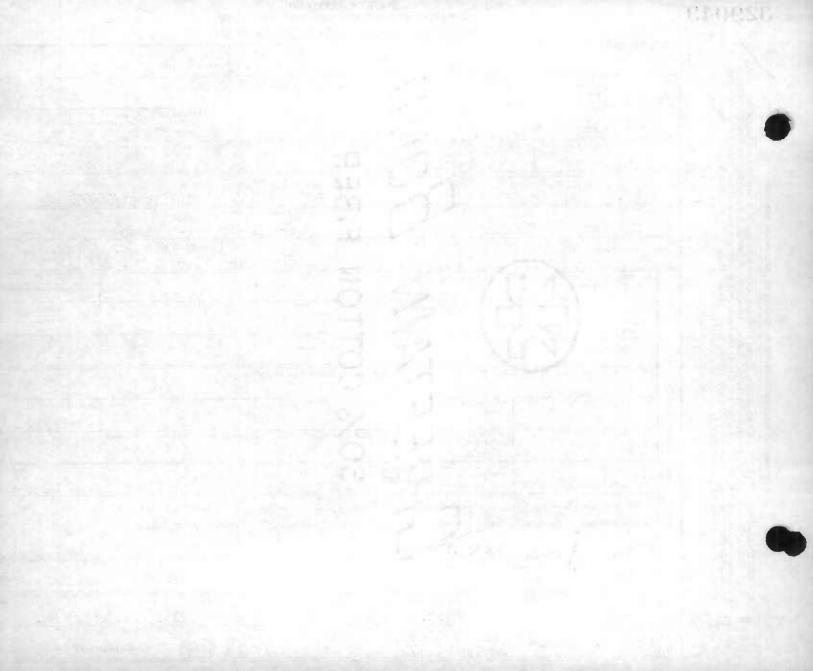
Burial Harmony Mem, Park 14 Nov. 85 256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Landover Maryland 24 FUNERAL DIRECTOR

Frazier's Funeral Home 389 R.I. Ave. N.W. Wash.

Letter Knider Render

forces do resid jobs je reje The State of Land · Almonne · (Diversity on a Company of the CS Control of the CS Control of the Control of the

| 22004 | Q I | | | | | | | ARYLAN | | 54 | la, | - | 2 | | - 3 |
|--|-----|----------------------------------|---|----------------------------------|--|------------------|---------------|----------------|----------------|---------------|-----------------------|----------------------|--------------|----------------------------|--------------|
| 32904 | 3 1 | FOR - STATE | | | | MENT OF | | | | | 2 | O | lem | -2 1 | 4 |
| / | | REGISTRAR | | M | EDICAL | EXAMIN | IER'S C | ERTIFIC | CATEO | F DEAT | Н | REG. NO. | | | |
| 1 | | DECEASED NAM | NE FIRST | | WIDDLE | | | LAST | | 20. | DATE KNO | | MONTH D | AY YEAR | 2b. HOU |
| Marsi S.F. | | TIPE OR PRINTS | LIND | Δ | SUE | | To | TOOD | | | OF ES | TED VE | 11 17 | 7 19 85 | |
| PLEAR ECTION FILES. HOURS STREET, | 3. | SEX | 4. RACE | 5. DATE OF BIRTI | Н | 6 AGE (IN YE | ARS IF UN | DER 1 YR. | IF UNDER | 24 HRS. 2c. | DATE | N | AONTH D | DAY YEAR | 2d. HOU |
| N SI E | 1 2 | Female | White | MONTH DAY | 1056 | 00 | AY) MONTH | S DAYS | HOURS | MIN PR | DEAD | | 11 18 | | 12;3 |
| SIN YEAR | | | STATE OR | Nov. 15, | MHATCOLL | | 1 | | | ** 9 | BALTIMORE | CITY OR C | | | AA |
| WE SEES | | FOREIGN COUNTRY) | . DISLLIC | ·+ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ALVI : | | ED NEV | | ED 🕭 | | _ | | | |
| IS NECESSARY, PLEAR E FUNERAL DIRECTOR E. 5 FOR YOUR FILES. ED. WITHIN 72 HOURS W. RASSION STREET, | | of Colum | ib1a | U.S.A. | | | WIDOW | | DIVORCE | | | | | Count | |
| PAGE 5 | 1 | CITY OR TOWN | OF DEATH | 11. NAME OF HO | FACILITY, GIVE | STREET ADDRESS) | E, OR OTH | ER INSTITUT | IION | FOR MOS | OCCUPATION OF WORKING | UN (TYPE OF LIFE) | WORK 120. | OR INDUST | IRYChai |
| S. P. | 4 | Beltsvil | | 4809 L: | incolr | Ave. | 104 | | | Groc | ery C | Lerk | F | ood St | ore |
| 21201 ANY DELA ANY DELA AND 3 TO RETAIN PA HOULD BEI | | SUAL RESIDENCE | (IF IN NURSING HOA | AE OR OTHER INSTITUTION, | | E BEFORE ADMISSI | | 13a. INSIDE CI | CZTIMIT YT | 13e. STREET | ADDRESS | | | | |
| 21201 21201 AND 3 RETAIL HOULD | 9 | Md. | Pr. | Geo's | Up | per | | YES X | | 14608 | | Stree | et/20 | 772 | |
| AN SAN SAN SAN SAN SAN SAN SAN SAN SAN S | 14 | FATHER'S NAM | Æ | | Ma | Liboro | | 15. MOTHE | R'S MAIDE | | | | | | |
| PN. HE | | Will | iam | Chester | W | ood | - | De | atrici | 2 | WIDDLE | (no | ee Woo | od) | |
| BALTIMORE, MD. 21201 GIVE PAGES 1, 2, AND 1 GIVE PAGES 1, 3, AND 1 TITH FORM PM 3, RETA PAGES 1 AND 2 SHOULD WISION OF VITAL RECO | 16 | . WAS DECEASE | ED EVER IN U.S. | ARMED FORCES? | | CIAL SECURIT | Y NO. | 17 INFORA | | | 4608 1 | | | | |
| S AFTER GIVE PA TITH FOI PAGES IVISION | 1 | NO NO OR UNKN | OWN) (IF YES, G | IVE WAR OR DATES) | 3.00 | | | Patri | icia L | Vood-M | 4000 i | dalli s | 30. | 777 | |
| BALTIM URS AFTER WITH FOR WITH FOR DIVISION | / F | | OF DEATH (F. 1- | | - (, , , , | | | latti | icia v | VOOCI-[1] | at 1001 | .O, IK | | | TE INTERVAL |
| ONST., 24 HOUR TITEM 18. TONG W PERMIT. GIENE, DI | 1 | PARTID | CATILIANAC CALL | anly ane cause per li SED BY: | | | land a | | (1 | J | | - \ | - | APPROXIMAT BETWEEN ONSE | ET AND DEATH |
| ON SI TEM I TEM I TEM I TEM I SIENE | | - | IMMED | IATE CAUSE (a) M | | e guns | | ounas | (nan | agun_ | x riii | .ej | | | |
| PRESTC THIN 24 CIL IN IT VER ALC ANSIT P REMOV | | Conditio | ans, if any, whi | | DR AS A CO | NZEGUENCE | OF | | | | | | | | |
| A FINE SAN | | gave r | ise to immedia | ote (b) | | | | | | | | | | | |
| 201 W. PRE JIED WITHI EXAMINER JAL - TRANS ON: OR REA | | cause (a lying ca | stating the <u>underset</u> use last. | er- DUE TO, C | R AS A CO | NSEQUENCE | OF | | | | | | | | |
| EDS, 201 W. PREST XECUTED WITHIN VG. IN PENCIL IN CAL EXAMINER A BURAL-TRANSIT AND MENTAL HY ANDION OR REMO | | 7,000 | | (c) | | | | | | | | | | | - |
| S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITHIN 12 HOUR RITHING THE WORD "IN PERCIL IN ITEM 18. RETING THE WORD "IN PERCIL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGENE, DI PÉRIOR ON PÉRIOR OR INBIAL CREMATION. OR REMOVAL. | | | SIGNIFICANT CONDITIO | INS CONTRIBUTING TO DEAT | TH BUT NOT REL | ATEO TO THE TERM | AINAL OISEASE | OR CONDITION | N GIVEN IN PAI | RT 1 tot. | | | | | |
| CERTIFICATE SHOULD BE EXERTIFICATE SHOULD BE EXERTIFICATE SHOULD BE EXERTIFICATE CHEEF WEBICAGE 3 SHOULD BE USED AS A BUDELOR TO REALTH AN IDELOR TO SHARAL CERMAN. | | 190 DATE O | | | | | | | | | | | | | |
| LR CED A PER CED | 7 | 190 DATE O | FOPERATION | 19b. CONE | DITION FOR | WHICH OPER | RATION W. | AS PERFOR | MED? | | | - | 2 | D AUTOPSY | ? |
| AITAL I | | | | | | | | | | | | | | YES 1 | NO 🗆 |
| OF V | 7 | 21a EXTERN | AL CAUSE WAS | | OF INJURY | DAY YEA | 21c HC | W INJURY | OCCURRE | D LENTER NATI | JRE OF INJURY I | N ITEM 18 PART | I OR PART 2) | | |
| NO STATE OF THE ST | 6 | | G ♣ OR ING ☐ CAUSE C | | | 17-19 8 | | ject | shot | | | | | | |
| ISIN NO TO THE SHAPE | 1 | CONTRIBUT 21d INJURY WHILE | | 21e PLACI | E OF INJURY | (AT HOME. | 21f LO | ATION | Direc. | | | | - | | |
| DIVISION SERVICE SERVI | | WHILE T | NOT WHILE | | nouse | ETC.} | | Q Tin | coln | | DO 1 + CT | 71110 | Drine | ce Geo | STATE |
| E, WASTA | | 100000 | | | | 100 | | | | | | | | | MD |
| A A A A A A A A A A A A A A A A A A A | | 22a. I cert | tify that I taak chi | arge of the remains d | lescribed ab | ave, held an | Autaps | | Inspection | L., | Inquiry | , and ir | n my apinia | n | MD |
| ME SE | | death resul | ted fram: No | atural causes 🔲, | Accident | L, Su | icide | Hamic | ide X. | Undeterm | ned manne | r | | | |
| DE CERT | | ACTUAL | h | 0 | 1 | | | TITLE (SI | | | | | DATE | | |
| MEDICAL I COURT THE GC 4 SHOU FUNERAL I FUNERAL I | 4 | SIGNATURE | An | 100 | 20 | - | M. | D. ASS | <u>istan</u> | t_MEDICA | LEXAMINE | R | SIGNED 1 | 1-18- | 85 |
| AND SHARE | -4 | EXAMINER'S | NAME Z | nn M. Dixo | on M | D | | | 111 D | enn St | - Ra | 1+0 | MD 3 | 1201 | |
| TO MEDICAL EXAMINER: BECUTTHE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AMTHROSE MANATHE | 200 | (TYPE OR PR | | | | | | ADDRESS | | | | 1100., | PID Z | .1201 | |
| E05249 | 23 | (SPECIFY) | ATION, REMOVA | 72b DATE | | NAME OF CE | | | | 23d. LOCA | | | COUNTY | S | TATE |
| 07/84 BP | | Bur | | 11/22/ | 85 S | t. Barr | nabas | | | | le Hil | | | | 1d. |
| 25M DHMH - 17 | | Pi NAME | | nan -Upper | s Marl | boro. | | | | EC'D. BY RE | | 5b. REGISTR | | | |
| (VR A15 ME (5) |)) | Richard Funeral | A. Coler Home | Maryl | and 2 | 0772 | 1 2 | | NO. | V 21 | 1985 | أومعت ا | HONGE | n-Mande | داد |



330109

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | FOR - STATE REGISTRAR | | DEPARTM | | EALTH AND MI | | | | 0 4 | 1 7 0 | |
|---------------|---|------------------|--|-------------|-----------------------------|-----------|---|------------------------------|--|------------|--|
| 1. D | ECEASED NAME FIRST | | MIDDLE | ı | AST | | REG. | | DAY YEAR | 25 HOUR | |
| | PE OR PRINT) Nick | | | | Yakubi | k | Novembe | | 1985 | 9:25 P | |
| 3. S | EX | 4. RACE | | 5. DATE C | | | 6. AGE (IN YEARS LAST E | IRTHDAY) | | | |
| Y | Male | Wh: | ite | May | | 1916 | 69 | YRS. | IF UNDER TYEAR IF UNDER MONTHS DATS HOURS IF OF DEATH County IZE KIND OF BUSIN INDUSTRY Retire DE LAST Ushalla Md. APPROXIMATE INTI- BETWEEN ONSET AN ES, WERE FINDINGS USE IFYING CAUSES OF DEA YES NO [PART 1 OR PART 2) COUNTY AUGUST ON THE COUSES S 224 DATE SIGNED 11-21-2 | HOURS MIN. | |
| 70. | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | NEVER MA | RRIED 🗍 | 9 BALTIMORE CITY | OR COUNT | | | |
| A | W.Va. | USZ | A | WIDOWE | | DRCED | Prince Geo | rges | County | MD | |
| | CITY OR TOWN OF DEATH | (IF NOT IN SUC | HOSPITAL, NURSIN CH FACILITY, GIVE STREET | ADDRESS) | | | 120. USUAL OCCUPA (TYPE OF WORK FOR MOST | OF WORKING L | IFE) INDUSTRY | | |
| 100 | Laurel | | Laurel 1 | | ville Ho | spital | US Navy | Yaro | Ret | ired | |
| 130 | UAL RESIDENCE IF NURSING HOME OF STATE 136 COU | | 13c CITY OR TOW Laurel | ADMISSION) | 13d. INSIDE CIT | Y LIMITS? | 13e STREET ADDRESS 8824 Hu | / ZIP COD | Lane | 707 | |
| 14 | FATHER'S NAME | MIDDLE | Yakubik | | 15. MOTHER'S | | WE | 900 | 4 | | |
| 1 | Andrew | DUED FORCESS | | | Anna | D | V (TI) | 0.00 | <u>Ushall</u> | a | |
| 160 | WAS DECEASED EVER IN U.S. AI | VE WAR OR DATES) | 235 09 | | | | haw Terr akubik (| | . Ma. | | |
| 5 5 | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT | IVEN IN PART 1 | 0 | | | | | | | | |
| NO | | | | | 1634 | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | n was perfor/ | MED | 200 AUTOPSY? | IN CERTIFYING CAUSES OF DEAT | | | |
| MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | ATH HOUR A. | | AY YEAR | 216 LOCATION | | RED (ENTER NATURE OF IN | URY IN ITEM 18 | PART 1 OR PART 2) | | |
| MEC | WHILE NOT WHILE AT WORK | | REET, FACTORY, OFFICE, F | ARM, ETC) | STREET | | CITY OR | OWN | COUNTY | STATE | |
| | 22a. I certify that (1) (this hasp sow the deceased alive a above (1) (we) (did) did n 22b. SIGNATURE | 12 00 0 | - All Amel 1 | | DEGREE | FENIDING | AGENICAL ST | AFF | | | |
| | 22d. PHYSICIAN'S NAME (TYPE | | RE | // | PH 22e ADDRESS 3 20 / | Musit | Joney Gomey | St. 0 | FUNDER TYEAR MONTHS DAYS OF DEATH COUNTY 126 KIND O INDUSTRY Ret Lane JShall Md. APPROXIMATE INC. S, WERE FINDING CAUSES SO PART 1 OR PART 2) COUNTY 19 S. TO THE PART 2 OF THE 2 OF THE PART 2 OF THE 2 OF THE PART 2 OF THE PART 2 OF THE PART 2 OF THE PART 2 OF THE 2 OF THE PART 2 OF THE PART 2 OF THE PART 2 OF THE PART 2 OF T | MOC 20707 | |
| | BURIAL, CREMATION, REMOVAI (SPECIFY) Urial | | | | f Heav | | S.S. | Mon | t. | Md. STATE | |

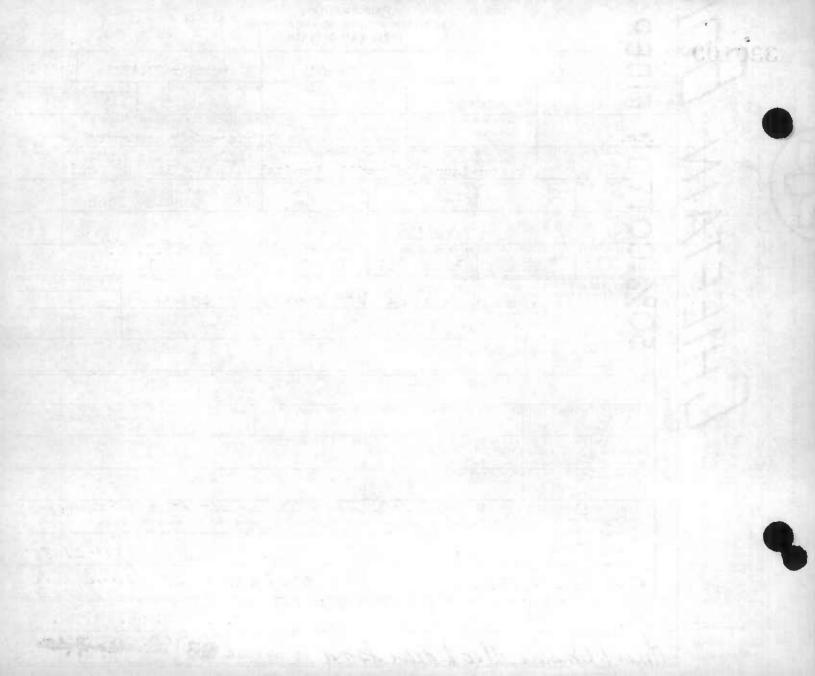
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detache with the State Dep

24 FUNERAL DIRECTOR

11/23/85 Gate of Heaver

250 DATE REC'D. BY REGISTRAR 254



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 322116 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DEATH MATER IF UNDER 24 HRS DATE PRONOUNCED MARRIED TO NEVER MARRIED FOREIGN COUNTRY) U.S.A. Pennsylvania DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Bricklaver Masonry 3d. INSIDE CITY LOUIS? 15. MOTHER'S MAIDEN NAME MIDDLE Zeiler William 01iver Orrie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 5715 James Town Road, #3 WW-2194-14-8619 Dorothy Zeiler, Hyattsville, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220. I certify that I taak charge of the remains described above, held on and in my apinion Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL EXAMPLER'S NAME John S. Rogers ABORESS 1919 Seminary Rd., Silver Spring, Md. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Cremation 11-13-85 Metropolitan Crematory 07/84 Alexandria, Virginia Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 4739 Baltimore Ave., Hyattsville, Md. (VR A15 ME (5))

